

DEPARTMENT OF HEALTH & MENTAL HYGIENE (DHMH)

10.479 FOOD SAFETY COOPERATIVE AGREEMENTS

Program Description: Reduce the incidence of foodborne illnesses associated with meat, poultry, and egg products and protect the food supply. The Food Safety and Inspection Service (FSIS) is authorized to use cooperative agreements to reflect a relationship between FSIS and cooperators to carry out educational programs or special studies to improve the safety of the nation's food supply. Also, FSIS has been directed to further develop the Food Emergency Response Network, a network of Federal, state and local laboratories that provides the nation the analytic capabilities and capacity it needs to cope with agents threatening the food supply.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

FY13 (exp)	FY14 (approp)	FY15 (est)
\$149,012	\$ 125,000	\$ 125,000

Program Supported/Population Served: Funds will be used in the Food Chemistry & Microbiology Emergency Preparedness project to expand the State's Public Health Laboratory in the FERN (Food Emergency Response Network) to enhance food safety and security measures for surveillance of domestic and imported foods. The Laboratories Administration developed and maintains a food defense, safety, and surveillance monitoring project for analysis of chemical and microbiological contamination. This project makes available to the State of Maryland, the National Capital Region, and various federal agencies routine and surge capacity testing, using validated FDA - USDA / FERN methods for the analysis of foods and food products for chemical and microbiological contamination. This will be particularly effective during an emergency or terrorist event.

Governor's Strategic Goal: [Delivering and Maintaining Maryland's Twelve Core Goals for Homeland Security Preparedness by 2016; Reduce Preventable Hospitalizations by 10% by end of 2015](#)

10.553 SCHOOL BREAKFAST PROGRAM

Program Description: Assists states in providing nutritious, nonprofit breakfast service for school children, through cash grants and food donations. The School Breakfast Expansion Grants provide grants, on a competitive basis, to state educational agencies for the purpose of providing sub-grants to local educational agencies for qualifying schools to establish, maintain or expand the school breakfast program.

Formula Description: Federal funds are made available on a performance basis by: (1) multiplying the number of paid breakfasts served to eligible children during the fiscal year by a

National Average Payment (NAP) prescribed by the Secretary; (2) multiplying the number of breakfasts served free to eligible children by a NAP prescribed by the Secretary; and (3) multiplying the number of reduced priced breakfasts served to eligible children by a NAP for reduced priced breakfasts. The amount of federal funds given the grantee is the sum of the products obtained from these three computations, plus an additional 6 cents for every breakfast served. Schools with a high percentage of needy children may receive additional payments. The statistical factors used in this formula are: (1) the NAPs; (2) the number of paid breakfasts served; and (3) the number of breakfasts served free or at reduced price to eligible children. Program has no matching or maintenance of effort requirements.

FY13 (exp)	FY14 (approp)	FY15 (est)
\$ 143,104	\$ 143,406	\$ 149,283

Program Supported/Population Served: School Breakfast Program funds serve eligible children at the following State institutions: Regional Institute for Children and Adolescents (RICA) Baltimore; Spring Grove Hospital Center; and John L. Gildner RICA.

Governor’s Strategic Goal: [End Childhood Hunger in Maryland by 2015](#)

10.557 SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS, & CHILDREN (WIC PROGRAM)

Program Description: Provides nutrition services, including education, supplemental foods, and referrals to health care providers through local agencies to low-income (185% of federal poverty level) pregnant and postpartum women, infants and children until their fifth birthday. The State WIC Office is responsible for funding and overseeing local agency operations. The Office works closely with the Child Health Insurance Program, Healthy Choice, and Early Periodic Screening, Diagnosis and Treatment programs in Medical Assistance and other maternal and child health programs within the DHMH Prevention and Health Promotion Administration to obtain maximum benefits for participants.

Formula Description: Grants are allocated on the basis of formulas determined by the Department of Agriculture, which allocates funds for food benefits, nutrition services, and administration costs. No matching funds are required, but some states contribute nonfederal funds in support of a larger WIC Program in their state. Program has no maintenance of effort requirements.

FY13 (exp)	FY14 (approp)	FY15 (est)
\$ 114,974,477	\$ 119,823,221	\$ 123,277,716

Program Supported/Population Served: Funding is provided to 18 local agencies. In SFY 2013, 144,922 participants were served by the program.

Governor’s Strategic Goals: [End Childhood Hunger in Maryland by 2015](#) and [Reduce Infant Mortality in Maryland by 10% by End 2017](#)

14.241 HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA)

Program Description: Provides states and localities with the resources and incentives to advance the National HIV/AIDS Strategy by devising long-term comprehensive strategies for meeting the housing needs of low-income persons and their families living with AIDS.

Formula Description: Title Formula Allocations, Subpart B – Formula Entitlements. Eligible states and qualifying cities are awarded HOPWA formula grants on submission and approval of a consolidated plan, pursuant to 24 CFR Part 91. Program has no matching or maintenance of effort requirements.

FY13 (exp)
\$ 1,147,283

FY14 (approp)
\$ 1,116,445

FY15 (est)
\$ 1,518,353

Program Supported/Population Served: Annual funding from the Department of Housing and Urban Development's Housing Opportunities for Persons with AIDS (HOPWA) is provided to the State of Maryland for the service area to include Caroline, Dorchester, Kent, Somerset, Talbot, Wicomico and Worcester counties on the Eastern Shore; Allegany, Garrett, and Washington counties in Western Maryland; Montgomery and Frederick counties in Central Maryland, and St. Mary's County in Southern Maryland. The project funds tenant-based rental assistance for person living with HIV/AIDS whose income is at or below 80% of the mean income in their county of residence. The services include a housing care plan to assist individuals in obtaining permanent stable housing.

Governor's Strategic Goal: [Reduce Overdose Deaths by 20% by the End of 2015](#)

14.267 CONTINUUM OF CARE (formerly SHELTER PLUS CARE 14.238)

Program Description: Program is designed to promote community-wide commitment to the goal of ending homelessness; provide funding for efforts by nonprofit providers, States, and local governments to quickly re-house homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; promote access to and effective utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness. Continuum of Care (CoC) program funds may be used to pay for the eligible costs used to establish and operate projects under five program components: (i) permanent housing, which includes permanent supportive housing for persons with disabilities, and rapid re-housing; (ii) transitional housing; (iii) supportive services only; (iv) Homeless Management Information Systems, and (v) in some cases, homelessness prevention.

Formula Description: Matching Requirements: This is a competitive program, however each community's need amount is established by formula set forth in the CoC Regulations. The recipient or sub-recipient must match all grant funds, except for leasing funds, with no less than 25% of cash funds or in-kind contributions from other sources. For Continuum of Care geographic areas in which there is more than one grant agreement, the 25% match must be

provided on a grant-by-grant basis. Recipients that are United Funding Agency or are the sole recipient for their Continuum may provide match on a Continuum-wide basis. This program does not have MOE requirements.

FY13 (exp)
\$ 4,366,930

FY14 (approp)
\$ 4,608,507

FY15 (est)
\$ 4,679,573

Program Supported/Population Served: Funds provide rental assistance for mentally ill homeless persons to help transition into permanent housing. Program is statewide (except for Baltimore City, Garrett, Howard and Montgomery counties) and served, in State Fiscal Year 2013, 196 families (which included 330 children), 165 individuals and 35 other adults.

16.754 HAROLD ROGERS PRESCRIPTION DRUG MONITORING PROGRAM (PDMP)

Program Description: Enhance the capacity of regulatory and law enforcement agencies to collect and analyze controlled substance prescription data through a centralized database administered by an authorized state agency.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

FY13 (exp)
\$ 0

FY14 (approp)
\$ 300,000

FY15 (est)
\$ 328,363

Program Supported/Population Served: The purpose of the Prescription Drug Monitoring program is to enhance the capacity of regulatory and law enforcement agencies to collect and analyze controlled substance prescription data through a centralized database administered by an authorized State agency. Funding for the planning grant is being used to assist in planning for a data collection and analysis system by engaging key stakeholders in the State in the planning process. Federal funds for the Prescription Drug Monitoring program will end on September 30, 2014.

Governor's Strategic Goal: [Reduce Preventable Hospitalizations by 10% by end of 2015](#)

20.600 STATE & COMMUNITY HIGHWAY SAFETY

Program Description: Provides a coordinated national highway safety program to reduce traffic crashes, deaths, injuries, and property damage.

Formula Description: Statutory formula, Title 49 CFR, Chapter 1240.11, 1240.12, 1240.13. Matching requirements: 75% apportioned on total resident population; 25% apportioned against public road mileage in states. Federal share may not exceed 80% or applicable sliding scale. Program has maintenance of effort requirements.

FY13 (exp)
\$ 183,709

FY14 (approp)
\$ 183,616

FY15 (est)
\$ 188,406

Program Supported/Population Served: The Maryland Kids in Safety Seats (KISS) program provides education and training initiatives designed to prevent injuries and deaths to children due to non-use or incorrect safety seat use. The project consists of: 1) public and professional education; 2) technical training for health, safety and law enforcement personnel; 3) a statewide network of safety seat assistance programs for low-income families, and 4) support of child passenger safety enforcement initiatives in Maryland. This program is statewide and in State Fiscal Year 2012, 3,359 seats were distributed (615 to car seat assistance programs) and/or inspected (2,744).

Governor's Strategic Goal: [Reduce Infant Mortality in Maryland by 10% by End 2017;](#)
[Reduce Preventable Hospitalizations by 10% by end of 2015](#)

66.714 REGIONAL AGRICULTURAL IPM GRANTS (Regional AG Grants)

Program Description: Support Integrated Pest Management (IPM) implementation and approaches that reduce the risks associated with pesticide use in agriculture in the United States. Program is competed and grants are awarded by Environmental Protection Agency's Regional grant offices. Funding priority – Federal Fiscal Year 2013: The Regional Agricultural IPM Grants will support the implementation of IPM approaches to reduce pesticide risk in agricultural settings in the United States. Projects must address the national pesticide program stewardship priorities related to pest management needs and IPM program implementation.

FY13 (exp)
\$ 31,753

FY14 (approp)
\$ 0

FY15 (est)
\$ 0

Formula Description: Statutory formulas are not applicable, matching requirements are not applicable and maintenance of effort requirements are not applicable to this program.

Program Supported/Population Served: This is a demonstration project to promote Integrated Pest Management (IPM) techniques through a collaborative education and training program in conjunction with the Baltimore City Health Department. Training materials will be developed for use throughout the State. This project also includes a strong evaluation component to assess the effectiveness of the program.

66.716 RESEARCH, DEVELOPMENT, MONITORING, PUBLIC EDUCATION, TRAINING, DEMONSTRATIONS, & STUDIES

Program Description: Grants are awarded to support Research, Development, Monitoring, Public Education, Training, Aid, Demonstrations, and Studies assistance relating to the protection of public health and the environment from pesticides and potential risk from toxic substances.

Funding Priority – federal fiscal year (FFY) 2013: Office of Pollution Prevention and Toxics FFY 2013: Enhance capabilities of participants through increased knowledge of how to implement quality chemical risk management regulatory and pollution prevention programs, leading to better protection of human health and the environment. Health Communities and Ecosystems: International Capacity Building (reduce chemical and biological risks) as well as continue providing technical assistance, training, information exchange and other forms of cooperation to enhance the capabilities of governments and other stakeholders to protect human health and the environment regionally and globally.

Office of Pesticide Programs FFY 2013: Projects for safer use of pesticides, including worker protection, certification and training of pesticide applicators, protection of endangered species, tribal pesticide programs, integrated pest management, environmental stewardship, Pesticide Registration Renewal Act (PRIA 2) Partnership Grants; Pesticide Regulatory Education Program (PREP), and Integrated Pest Management in Schools Regional grants. Types of activities: develop and implement programs to reduce pesticide risks; analysis and development of pilot pesticide safety programs and materials; National train-the-trainer program to educate farm workers on how to reduce risks from pesticides; continue the National Pesticide Information Center; PREP education program for states and tribes; and implement verifiable integrated pest management in schools programs.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

FY13 (exp) \$ 56,367	FY14 (approp) \$ 28,488	FY15 (est) \$ 0
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Program Supported/Population Served: This is a cooperative agreement with the U.S. Environmental Protection Agency to establish a Bed Bug Action Network (BBAN), which would use materials and techniques developed during an earlier pilot project to help train community workers, health professionals, and others in ways to prevent bed bug infestations. The project serves primarily the demonstration sites, Baltimore City and Caroline County.

93.008 MEDICAL RESERVE CORPS SMALL GRANT PROGRAM (MRC)

Program Description: Supports the development of Medical Reserve Corps units in communities throughout the United States to: (1) increase capacity at the community level to respond during emergencies which have medical consequences, and (2) improve public health in communities through volunteerism on an ongoing basis.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

FY13 (exp) \$ 13,192	FY14 (approp) \$ 10,024	FY15 (est) \$ 0
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Program Supported/Population Served: The Maryland Professional Volunteer Corps (MPVC) is currently in the process of expanding our focus from only professionally licensed

volunteers to anyone who is willing to be trained as a public health responder. These grant funds are being used to fund training programs across Maryland for new MPVC volunteers, as well as recruitment efforts as the MPVC program expands its focus from medically licensed volunteers to all public health responders. The MPVC is the Medical Reserve Corps (MRC) for the state of Maryland, which means that volunteers are spread around the state. MPVC recruitment and training takes place across the state.

Governor's Strategic Goal: [Delivering and Maintaining Maryland's Twelve Core Goals for Homeland Security Preparedness by 2016](#); [Reduce Preventable Hospitalizations by 10% by end of 2015](#)

93.065 LABORATORY LEADERSHIP, WORKFORCE TRAINING & MANAGEMENT DEVELOPMENT, IMPROVING PUBLIC HEALTH LABORATORY INFRASTRUCTURE (APHL-CDC Partnership for Quality Lab Practice)

Program Description: Program addresses the "Healthy People 2010" focus areas of: #8 – Environmental Health, #10 – Food Safety, #11 – Health Communication, #13 – HIV, #14 – Immunization and Infectious Diseases, #17 – Medical Product Safety, #20 – Occupational Safety and Health, #23 – Public Health Infrastructure, #24 – Respiratory Diseases and #25 – Sexually Transmitted Diseases. The program's major objective is to improve public health laboratory infrastructure, maintain a competent and trained laboratory workforce, promote laboratory leadership activities to ensure future laboratory leaders, ensure laboratory preparedness for emerging infectious diseases or other biologic and chemical public health threats, promote technology transfer to ensure up-to-date technologies for the testing laboratory, and to enhance communication linkages between state and local public health laboratories, and the clinical laboratory testing community.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

FY13 (exp)	FY14 (approp)	FY15 (est)
\$ 8,031	\$ 0	\$ 0

Program Supported/Population Served: Promotes and maintains a collaborative relationship with the Association of Public Health Laboratories that includes the National Laboratory Training Network and the National Laboratory Partnership for the purpose of improving public health laboratory infrastructure, maintaining a competent and trained laboratory workforce, promoting laboratory leadership activities to ensure future laboratory leaders, ensure laboratory preparedness for emerging infectious diseases or other biologic and chemical public health threats, promote technology transfers to ensure up-to-date technologies for the testing laboratory, and to enhance communication linkages between State and local public health laboratories, and the clinical testing community. This grant ended July 2011.

Governor's Strategic Goal: [Reduce Preventable Hospitalizations by 10% by end of 2015](#)

93.069 PUBLIC HEALTH EMERGENCY PREPAREDNESS (PERLC: PREPAREDNESS & EMERGENCY RESPONSE LEARNING CENTER PERLC Supporting PHEP; awards other than PHEP Cooperative agreement not recorded under 93074)

Program Description: The PHEP cooperative agreement is a critical source of funding, guidance, and technical assistance for state, territorial, and local public health departments. Preparedness activities funded by the PHEP program are targeted specifically for the development of emergency-ready public health departments that are flexible and adaptable. These efforts support the National Response Framework (NRF), which guides how the nation responds to all types of hazards including infectious disease outbreaks; natural disasters; biological, chemical, and radiological incidents; and explosions.

To help public health departments with their strategic planning, CDC identified 15 public health preparedness capabilities to serve as national public health preparedness standards. State and local jurisdictions can use CDC's Public Health Preparedness Capabilities: National Standards for State and Local Planning to better organize their work and identify the capabilities they have the resources to build or sustain. These standards help ensure that federal preparedness funds are directed to priority areas within individual jurisdictions.

The 2012 PHEP is currently funded via a joint cooperative agreement guidance award and aligned with the Hospital Preparedness Program (HPP). PHEP program guidance assists the 62 PHEP awardees in demonstrating measurable and sustainable progress toward achieving the 15 public health preparedness capabilities and other activities that promote safer and more resilient communities.

Formula Description: This program has no statutory formula. State matching requirement is 10%. Program has maintenance of effort requirements; see funding agency (DHHS, Centers for Disease Control and Prevention) for further details.

FY13 (exp)	FY14 (approp)	FY15 (est)
\$ 12,979,439	\$ 11,196,049	\$ 10,415,012

Program Supported/Population Served: The Public Health Emergency Preparedness (PHEP) cooperative agreement provides funding to State, local health departments and various partners to organize, prepare, and respond to public health and medical emergencies for the health and safety of all Maryland residents. The PHEP project supports an agreement between the CDC and the State. The grant focus areas include:

- 1) Preparedness Planning and Readiness Assessment – provides strategic leadership, direction, coordination, and assessment of activities to ensure State and local readiness. Interagency collaboration and preparedness for natural and/or man made physical threats, disease and other health threats and emergencies are key aspects of this project.
- 2) Cities Readiness Initiative (CRI) – supports major metropolitan areas responses to an anthrax attack. Maryland has 13 CRI counties in 3 separate but interoperable CRI regions: National Capital Region, Baltimore-Towson Metropolitan Statistical Area, and Cecil County, which are part of the Philadelphia Metropolitan Statistical Area. This

project ensures each jurisdiction has the regional capabilities to staff and operate mass dispensing sites. Each jurisdiction must have a CRI plan integrated with their local Strategic National Stockpile (SNS) plan, local Emergency Operations Plan, and State SNS plans. Primary objectives include interoperable communications, standardization of equipment, regional risk communication, training, drills and exercises.

Governor's Strategic Goal: [Delivering and Maintaining Maryland's Twelve Core Goals for Homeland Security Preparedness by 2016](#)

93.070 ENVIRONMENTAL PUBLIC HEALTH & EMERGENCY RESPONSE

Program Description: Bring public health and epidemiological principles together to identify, clarify, and reduce the impact of complex environmental threats, including terrorist threats and natural disasters, on populations, domestic and foreign. Programs and activities focus on safeguarding the health of people from environmental threats; providing leadership in the use of environmental health sciences – including environmental epidemiology, environmental sanitation, and laboratory sciences – to protect public health; and responding to issues and sharing solutions to environmental health problems worldwide.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements. Support is recommended for a specified project period, not to exceed 5 years.

FY13 (exp)
\$ 621,738

FY14 (approp)
\$ 760,118

FY15 (est)
\$ 648,956

Program Supported/Population Served: Two projects are funded through this grant:

The Addressing Asthma from a Public Health Perspective project 1) conducts asthma surveillance system; 2) implements intervention strategies developed under a State Asthma Plan; 3) provides leadership for a statewide Asthma Coalition; and 4) builds commitments within the State to ensure program sustainability. This is a statewide project.

The Maryland Public Health Strategy for Climate Change project works with local health departments to develop public health strategies at the local level, based on climate projections, health impact estimates and local priorities. Ultimately, this will be a statewide project benefiting all parts of the State

Governor's Strategic Goals: [Delivering and Maintaining Maryland's Twelve Core Goals for Homeland Security Preparedness by 2016](#); [Reduce Maryland's Greenhouse Gas Emissions 25% by 2020](#); [Reduce Preventable Hospitalizations by 10% by end of 2015](#)

93.088 ADVANCING SYSTEMS IMPROVEMENTS TO SUPPORT TARGETS FOR HEALTHY PEOPLE 2010

Program Description: Improve surveillance/information systems that allow tracking of program on Healthy People 2010 objectives at the grantee level. To develop and implement a plan to sustain the program after the Office of Women’s Health funding ends. To use a public health systems approach to improve performance on two or more HP 2000 objectives targeting women and/or men in Focus Area 1, Access to Quality Health Services, 3-Cancer, 5-Diabetes, 7-Educations and Community-Based Programs, and 12-Heart Disease and Stroke.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

FY13 (exp) \$ 40,997	FY14 (approp) \$ 0	FY15 (est) \$ 125,000
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Program Supported/Population Served: Project Connect Maryland integrates intimate partner violence assessment into the Title X Family Planning (FP) program to keep women safe and prevent adverse health effects from domestic violence and sexual assault. The project will pilot five clinical FP sites in the Baltimore metropolitan area, Prince George’s County and the lower Eastern shore. Also, a domestic violence program, the House of Ruth, Baltimore, will receive women’s health services on site. Expansion to other parts of the State is planned for the final year of the grant.

Governor’s Strategic Goals: [Reduce Violent Crimes Committed Against Women and Children by 25% by End 2018; Reduce Infant Mortality in Maryland by 10% by 2017; Reduce Preventable Hospitalizations by 10% by end of 2015](#)

93.092 AFFORDABLE CARE ACT (ACA) PERSONAL RESPONSIBILITY EDUCATION PROGRAM (PREP)

Program Description: Educate adolescents and young adults on both abstinence and contraception for the prevention of pregnancy and sexually transmitted infections, including HIV/AIDS. The Affordable Care Act was established and provides funding through Federal Fiscal Year 2014.

Formula Description: Statutory formula: Title V. Cost sharing or matching of non-Federal funds is not required. However, funded programs should build on but not duplicate or replace current Federal programs as well as state, local or community programs, and programs should coordinate with existing programs and resources in the community. This program has MOE requirements, see funding agency for further details. This program has an MOE requirement for states and local entities to require that expenditure of non-federal funds for activities, programs or initiatives allowed in this program are no less than such expenditures in Federal Fiscal Year (FFY) 2009. The intent is to supplement and not supplant the funds expended in FFY 2009.

FY13 (exp)
\$ 984,636

FY14 (approp)
\$ 975,994

FY15 (est)
\$ 946,438

Program Supported/Population Served: The program must educate adolescents on both abstinence and contraception to prevent pregnancy and sexually transmitted infections (STIs), including HIV/AIDS, and at least three adulthood preparation subjects, utilizing evidence-based effective program models. While states may help youth find services they need and make referrals, such health services may not be paid for with PREP funds. States are encouraged to serve populations of youth at greatest risk for teen pregnancy and STIs. These include youth in foster care, homeless youth, youth with HIV/AIDS, teen parents, and youth in areas with high teen birth rates, pregnant youth and mothers under the age of 21.

Governor's Strategic Goal: [Reduce Infant Mortality by 10% by End 2017](#); [Reduce Preventable Hospitalizations by 10% by end of 2015](#)

93.103 FOOD & DRUG ADMINISTRATION – RESEARCH (GENERAL GRANT FUNDING PROGRAM 93103)

Program Description: Assist institutions and organizations, to establish, expand, and improve research, demonstration, education and information dissemination activities; acquired immunodeficiency syndrome (AIDS), biologics, blood and blood products, therapeutics, vaccines and allergic projects; drug hazards, human and veterinary drugs, clinical trials on drugs and devices for orphan products development; nutrition, sanitation and microbiological hazards; medical devices and diagnostic products; radiation emitting devices and materials; food safety and food additives. Programs are supported directly or indirectly by the following Centers and Offices: Center for Biologics Evaluation and Research; Center for Drug Evaluation and Research; Center for Devices and Radiological Health; Center for Veterinary Medicine, Center of Food Safety and Applied Nutrition, National Center for Toxicological Research, the Office of Orphan Products Development, the Center for Tobacco Products, the Office of Regulatory Affairs, and the Office of the Commissioner. Small Business Innovation Research Programs: to stimulate technological innovation; to encourage the role of small business to meet Federal research and development needs; to increase private sector commercialization of innovations derived from Federal research and development; and to foster and encourage participation by minority and disadvantaged persons in technological innovation. Funding support for scientific conferences relevant to the FDA scientific mission and public health are also available.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

FY13 (exp)
\$ 187,744

FY14 (approp)
\$ 723,603

FY15 (est)
\$ 728,403

Program Supported/Population Served: Multiple DHMH administrations, projects and/or activities are funded through this grant. These multiple projects and/or activities are listed by DHMH administration and sub-program as follows:

Prevention and Health Promotion Abuse Administration: These programs build capacity to respond to food-borne outbreaks more rapidly under the new Food Safety Modernization Act. They also build capacity in the regulatory program for manufactured foods. Programs serve the entire State.

Laboratories Administration: Funds are used to plan, develop and implement a laboratory quality assessment program that will eventually lead to obtaining International Organization for Standardization/International Electrotechnical Commission (ISO/IEC) 17025:2005 accreditation for chemical and microbiological testing of foods for surveillance, terrorism or emergency. It will provide the State of Maryland with the ability to monitor certain imported and domestic food products that have a history of past contamination problems or that involve security concerns for the State and the country. The subsequent surveillance program will help maintain program proficiency and efficiency needed to ensure surge capacity and an adequate response during a disease outbreak or an emergency.

Governor's Strategic Goal: [Delivering and Maintaining Maryland's Twelve Core Goals for Homeland Security Preparedness by 2016](#); [Reduce Preventable Hospitalizations by 10% by end of 2015](#)

93.104 COMPREHENSIVE COMMUNITY MENTAL HEALTH SERVICES FOR CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCES (SED) (CMHS Child Mental Health Service Initiative)

Program Description: Provide community-based systems of care for children and adolescents with a serious emotional disturbance and their families. The program ensures that services are provided collaboratively across child-serving systems; that each child or adolescent served receives an individualized service plan developed with the participation of the family (and, where appropriate, the child); that each individualized plan designates a case manager to assist the child and family; and that funding is provided for mental health services required to meet the needs of youngsters in this system.

Formula Description: This program has no statutory formula. Matching requirements are 100%. Program has maintenance of effort requirements, see agency (DHHS, Substance Abuse and Mental Health Services Administration) for further details.

FY13 (exp)	FY14 (approp)	FY15 (est)
\$ 2,606,114	\$ 979,017	\$ 244,754

Program Supported/Population Served: Maryland Crisis and At Risk for Escalation Diversion Services (MD CARES) program seeks to improve mental health outcomes for children, youth and families served by, or at risk of entering, the State's foster care system. In Maryland there are approximately 8,900 children in foster care, of which roughly 5,225 are from Baltimore City ("the City"). Service dollars awarded under this cooperative agreement are targeted to City neighborhoods where the majority of the youth and families in foster care reside. MD CARES serves up to 40 youth at a time for an average of 15 months with a total projected of

340 youth served throughout the entire project period. To most effectively leverage systems change in the City and adapt the model for statewide implementation, MD CARES also incorporates statewide infrastructure and sustainability strategies which include: crisis response and stabilization; completion of the statewide rollout of Maryland Youth Motivating Others through Voices of Experience (MOVE); and, cross-agency fiscal and policy analysis. Further, through Maryland's state-funded training and network and the University of Maryland, MD CARES will continue to provide training and technical assistance to State and local partners on System of Care principles and practices, including the implementation of family and child teams throughout the child welfare systems.

Governor's Strategic Goals: [Reduce Violent Crimes Against Women and Children by 25%](#); [Reduce Infant Mortality in Maryland by 10% by End 2017](#); [Reduce Preventable Hospitalizations by 10% by end of 2015](#)

93.110 MATERNAL & CHILD HEALTH FEDERAL CONSOLIDATED PROGRAMS (Special Projects of Regional & National Significance SPRANS, including the Community Integrated Service Systems CISS: Public Health Service Act – Section 399BB Programs under the Combating Autism Act of 2006; The Heritable Disorders and the Congenital Conditions Program)

Program Description: Carries out special maternal and child health (MCH) projects. These grants are funded with a set-aside from the MCH Block Grant Program. SPRANS grants are funded with 15% of the Block Grant appropriation of up to \$600 million, and when the appropriation exceeds \$600 million, an additional 12.75% is set aside for the Community Integrated Service Systems grants.

Formula Description: This program has no statutory formula. Matching requirement is 35%. This program has no maintenance of effort requirements

FY13 (exp)	FY14 (approp)	FY15 (est)
\$ 113,599	\$ 241,245	\$ 350,557

Program Supported/Population Served: Two projects are funded through this grant:

The State Systems Development Initiative project complements the Maternal and Child Health Block Grant (MCHB) program by improving state capacity to analyze data and assess needs. This project is statewide.

The State Early Childhood Comprehensive System Planning (ECCS) project plans, develops, and implements collaborations and partnerships supporting family and community efforts to help preschoolers achieve school readiness. The objective is to embed the work of ECCS into the Early Childhood Advisory Council (ECAC) State plan, the Governor appointed council that serves as the overarching State plan for school readiness. The ECAC State plan encompasses all children ready to enter school and the health activities of ECCS are blended into the overall State plan to address: 1) access to health insurance; 2) mental health and social-emotional

development; 3) early care and education (child care); 4) parent education; and 5) family support. This project is statewide.

Governor's Strategic Goals: [Improve Student Achievement and School, College, and Career Readiness in Maryland by 25% by the End of 2015](#); [Reduce Infant Mortality by 10% by 2017](#); [Reduce Preventable Hospitalizations by 10% by end of 2015](#)

93.116 PROJECT GRANTS & COOPERATIVE AGREEMENTS FOR TUBERCULOSIS CONTROL PROGRAMS (Tuberculosis Prevention & Control & Laboratory Program)

Program Description: Assist state and local health agencies in carrying out tuberculosis (TB) control activities designed to prevent transmission of infection and disease. Financial assistance is provided to TB programs, to ensure that program needs for the core TB prevention and control activities are met. Each core activity (completion of therapy, contact investigation, TB surveillance, and TB laboratory activities) is essential to effective TB prevention and control.

Formula Description: This program has no statutory formula or matching requirements. Although there are no matching requirements, applicants must assume a portion of project costs. Maintenance of effort requirements are not applicable to this program.

FY13 (exp)
\$ 1,534,925

FY14 (approp)
\$ 1,385,238

FY15 (est)
\$ 1,307,819

Program Supported/Population Served: Supports State and local TB prevention and control efforts through technical support to counties and the provision of laboratory services. Activities include basic TB education and training, TB surveillance, and formal collaboration with the District of Columbia and Virginia TB programs regarding issues related to patient movement between jurisdictions and contact investigations. The DHMH TB laboratory also processes specimens for the District of Columbia. FY 2012 data indicates 224 cases were reported. 77% of all Maryland cases were foreign-born for a case rate 21.4/100,000. Other target populations are the homeless, substance abusers, the incarcerated, and those who are HIV co-infected. Three county TB control programs (Prince George's, Montgomery, and Baltimore counties) receive substantial support for their TB programs through the DHMH cooperative agreement with the Centers for Disease Control and Prevention (CDC). Maryland also is one of the national sites for the CDC-funded Tuberculosis Epidemiologic Research Consortium.

Governor's Strategic Goals: [Recover 100% of Jobs Lost due to the Great Recession by the End of FY2014](#); [Reduce Overdose Deaths by 20% by the End of 2015](#); [Reduce Preventable Hospitalizations by 10% by end of 2015](#)

93.130 COOPERATIVE AGREEMENTS TO STATES/TERRITORIES FOR THE COORDINATION & DEVELOPMENT OF PRIMARY CARE OFFICES (State Primary Care Offices)

Program Description: Coordinates local, state, and Federal resources contributing to primary care service delivery and workforce issues in the state, to meet the needs of medically-underserved populations through health centers and other community-based providers of comprehensive primary care and the retention, recruitment, and oversight of health professions for medically underserved populations.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

FY13 (exp)
\$ 186,522

FY14 (approp)
\$ 221,391

FY15 (est)
\$ 244,909

Program Supported/Population Served: The Primary Care Office (PCO) plays an integral part in Maryland with the continued implementation of healthcare reform by partnering and collaborating with key healthcare stakeholders to assess the needs of the underserved throughout the State. The PCO is a point of contact for Federally Qualified Health Centers (FQHCs), local health departments, hospitals, public health clinics, school based health centers and other health entities for analysis of healthcare access for primary care, dental and mental health; and the use of relevant statewide and sub-county data to support applications for new and expanded capacity of health centers. This project is statewide:

(1) Loan Assistance Repayment Program - in State Fiscal Year (SFY) 2013, awarded 9 primary care physicians for loan repayment. Currently, 27 primary care physicians are participating in the program; (2) J-1 Visa Waiver Program - in SFY 2013, the PCO recommended 32 primary care and specialty physicians, there were 105 active J-1 Visa Waiver participants in the State ; (3) National Health Service Corp Program - in SFY 2013 the PCO recommended approval of 24 National Health Service Corp Site Applications; and (4) SFY 2013 Federal Shortage Analyses (FSAs) - completed for the entire State, by census tract, neighborhood and county level as Health Professional Shortage Areas (HPSAs)

Governor's Strategic Goal: [Reduce Infant Mortality in Maryland by 10% by End 2017;](#)
[Reduce Preventable Hospitalizations by 10% by end of 2015](#)

93.136 INJURY PREVENTION & CONTROL RESEARCH & STATE & COMMUNITY BASED PROGRAMS (National Center for Injury Prevention & Control)

Program Description: RESEARCH GRANTS: (1) support injury control research on priority issues; (2) integrate aspects of engineering, public health, behavioral sciences, medicine, engineering, health policy, economics and other disciplines in order to prevent and control injuries more effectively; (3) rigorously apply and evaluate current and new interventions, methods, and strategies focusing on the prevention and control of injuries; (4) stimulate and support Injury Control Research Centers (ICRCs) in academic institutions which will develop a comprehensive and integrated approach to injury control research and training; and (5) bring knowledge and expertise of ICRCs to bear on the development of effective public health programs for injury control.

STATE AND COMMUNITY PROGRAM GRANTS/COOPERATIVE AGREEMENTS: (1) develop and evaluate new methods or evaluate existing methods and techniques used in injury surveillance by public health agencies; and (2) develop, expand, or improve injury control programs to reduce morbidity, mortality, severity, disability, and cost from injuries.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

FY13 (exp)
\$ 912,278

FY14 (approp)
\$ 1,136,939

FY15 (est)
\$ 1,077,553

Program Supported/Population Served: Multiple projects are funded through this grant:

The Sexual Violence Prevention and Education Program provides a planned combination of initiatives focused on preventing sexual violence in the lives of Maryland citizens. Collaborative relationships have been developed with other State agencies, community based organizations, advocacy groups, and academic institutions to implement interventions in 3 key areas: 1) comprehensive school-based sexual violence education, 2) community-based sexual violence prevention education, 3) professional education and training, and 4) college-based sexual violence prevention education..

In State Fiscal Year 2013, the estimated number of students (includes elementary, middle and high school) receiving sexual violence prevention education was 12,574. The number of other individuals (college students, professionals and general population) receiving the education program was 30,863.

The Maryland Violent Death Reporting System (MVDRS) establishes a statewide violent death surveillance system conforming to the specifications and requirements of a National Violent Death Reporting System. The MVDRS generates public health surveillance information at the State and local level on all homicides, suicides, deaths of undetermined intent and accidental firearm deaths. Data is collected from death certificates, medical examiner reports and police reports in order to monitor the public health impact of violence related deaths and evaluate prevention policies.

The Public Health Injury Surveillance and Prevention Program goals are to increase the capacity of the injury prevention program in Maryland to address the prevention of injuries and violence and to monitor and detect fatal and non-fatal injuries. The Center works with State injury partners through the Maryland Partnership for a Safer Maryland and addresses injury consistent with the Maryland Injury Prevention State Plan. Through the Partnership for a Safer Maryland and the State plan, key injury priority areas have been identified (Falls Prevention in Older Adults, Motor Vehicle Accidents, Poisoning and Interpersonal Violence), and selected interventions focusing on these areas will be implemented in the local communities. In addition, injury surveillance activities will continue sets. This will culminate in the production of a comprehensive injury report and participation in the CDC Multi-State Injury Data Report.

Programs for the Prevention of Fire-Related Injuries – The Center for Health Promotion’s Smoke Alarms for Everyone (SAFE) program ended on September 30, 2012.

Governor’s Strategic Goals: [Reduce Violent Crime in Maryland by 20% by the End of 2018;](#)
[Reduce Violent Crimes Committed Against Women and Children by 25% by the End of 2018;](#)
[Reduce Preventable Hospitalizations by 10% by end of 2015](#)

93.150 PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)

Program Description: Provides financial assistance to states to support services for individuals suffering from a serious mental illness or serious mental illness and substance abuse, and are homeless or at imminent risk of becoming homeless. Programs and activities include: (1) outreach services; (2) screening and diagnostic treatment services; (3) habilitation and rehabilitation services; (4) community mental health services; (5) alcohol and drug treatment services; (6) staff training; (7) case management services; (8) supportive and supervisory services in residential settings; (9) referrals for primary health services, job training, educational services, and relevant housing services; and (10) a prescribed set of housing services.

Formula Description: Statutory formula, Title 45, Part 92, Public Law 101-645. The formula allots funds on the basis of the population living in urbanized areas of the state, compared to the total population living in urbanized areas in the entire United States except that no state receives less than \$300,000. States must make available, directly or through donations from public or private entities, nonfederal contributions equal to but not less than \$1 (in cash or in kind) for each \$3 of federal funds provided in such grant. This program has maintenance of effort requirements, see funding agency for further details.

FY13 (exp)	FY14 (approp)	FY15 (est)
\$ 1,270,190	\$ 1,281,000	\$ 1,281,000

Program Supported/Population Served: Projects for Assistance in Transition from Homelessness include a mental health program providing outreach, screening and diagnostic treatment, community mental health, alcohol and drug abuse treatment, and training to persons who suffer from serious mental illness and may also have a substance abuse disorder, and are homeless or at imminent risk of becoming homeless. Program is statewide.

Governor’s Strategic Goal: [Reduce Overdose Deaths by 20% by the End of 2015;](#) [Reduce Preventable Hospitalizations by 10% by end of 2015](#)

93.153 COORDINATED SERVICES & ACCESS TO RESEARCH FOR WOMEN, INFANTS, CHILDREN & YOUTH (Ryan White Program Part D Women, Infants, Children & Youth WICY Program)

Program Description: The purpose of this funding is to provide family-centered primary medical care to women, infants, children, and youth (WICY) living with HIV/AIDS when payments for such services are unavailable from other sources. Funding is intended to improve access to primary HIV medical care for HIV-infected women, infants, children, and youth through the provision of coordinated, comprehensive, culturally and linguistically competent services. HIV primary medical care refers to outpatient or ambulatory care, including behavioral health, nutrition, and oral health services. Family-centered care refers to services addressing the health care needs of the persons living with HIV in order to achieve optimal health outcomes. Specialty care refers to specialty HIV care and specialty medical care such as obstetrics and gynecology, hepatology, and neurology. Support services may include the following:

1. Family-centered care including case management.
2. Referrals for additional services including:
 - a) referrals for inpatient hospital services, treatment for substance abuse, and mental health services; and
 - b) referrals for other social and support services, as appropriate.
3. Additional services necessary to enable the patient and the family to participate in the program established by the applicant pursuant to such subsection including services designed to recruit and retain youth with HIV.
4. The provision of information and education on opportunities to participate in HIV/AIDS-related clinical research.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

FY13 (exp)	FY14 (approp)	FY15 (est)
\$ 1,008,181	\$ 1,013,586	\$ 939,566

Program Supported/Population Served: This competitively awarded project funded by the Health Resources Services Administration provides Ryan White Part D federal funds to expand and enhance the comprehensive coordinated continuum of health and support services through a network of providers in the Baltimore City Emerging Metropolitan Area.

Governor’s Strategic Goals: [Reduce Infant Mortality by 10% by End 2017](#); [Reduce Overdose Deaths by 20% by the End of 2015](#); [Reduce Preventable Hospitalizations by 10% by end of 2015](#)

93.165 GRANTS TO STATES FOR LOAN REPAYMENT PROGRAM (State Loan Repayment Program)

Program Description: Increases the availability of primary care in health professional shortage areas (HPSAs) by assisting states in operating programs for the repayment of educational loans of health professionals in return for their practice in HPSAs.

Formula Description: This program has no statutory formula. Matching requirements are 50%. States must agree to make available (directly or through donations from public or private entities) non-Federal contributions in cash toward SLRP contracts in an amount not less than \$1

for each \$1 of Federal funds provided in the grant. A state may not use any Federal funds or in-kind contributions to satisfy the non-Federal match requirement. A state must verify that contributions from sources other than state appropriated funds are non-federal. States may use non-Federal funds in excess of the \$1 or \$1 minimum match to supplement the repayment of qualifying loans of health professionals tuition, educational expenses and living expenses described in Section 338B(g)(1) of the Public Health Service Act. States must assume administrative costs. Program has no maintenance of effort requirements.

FY13 (exp) \$ 238,580	FY14 (approp) \$ 250,000	FY15 (est) \$ 400,000
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Program Supported/Population Served: The Maryland Loan Assistance Repayment Program allows DHMH to repay medical school loans for physicians and medical residents in return for a minimum of two service years in a designated health professional shortage area. Federal funds received by DHMH for this purpose are transferred to the Maryland Higher Education Commission (MHEC) to disburse monies to selected candidates. MHEC provides the State matching funds for these disbursements. In State Fiscal Year 2013, 9 physicians received awards to serve in health professional shortage areas.

Governor's Strategic Goal: [Reduce Overdose Deaths by 20% by the End of 2015](#); [Reduce Preventable Hospitalizations by 10% by end of 2015](#)

93.217 FAMILY PLANNING SERVICES (FP Services)

Program Description: Provides educational, counseling, comprehensive medical and social services necessary to enable individuals to freely determine the number and spacing of their children, and by so doing help to reduce maternal and infant mortality, promote the health of mothers, families, and children.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

FY13 (exp) \$ 3,297,824	FY14 (approp) \$ 4,194,451	FY15 (est) \$ 4,444,472
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Program Supported/Population Served: Supports the State Family Planning Program whose mission is to reduce unintended pregnancies and improve pregnancy outcomes. Program priorities include serving additional clients in hard to reach populations (adolescents, non-English speakers, and substance abusers). This program is statewide. In State Fiscal Year 2013, 73,191 unduplicated clients were served by the program.

Governor's Strategic Goal: [Reduce Infant Mortality in Maryland by 10% by End 2017](#); [Reduce Preventable Hospitalizations by 10% by end of 2015](#)

**93.235 AFFORDABLE CARE ACT (ACA) ABSTINENCE EDUCATION PROGRAM
(Abstinence Education Program)**

Program Description: Enable states to provide abstinence education and, at the option of the state, where appropriate, mentoring, counseling, and adult supervision to promote abstinence from sexual activity, with a focus on groups most likely to bear children out of wedlock. The ACA appropriated funding for this program is through Federal Fiscal Year 2014.

Formula Description: Statutory formula: Title V. Matching Requirements: This statutory formula for this program is based upon census data. Grants awarded to each state are determined by a formula using the state's proportion of low-income children compared to the total number of low-income children in the U.S. based on the most recent Census data for children in poverty. For each fiscal year, the estimated allotment for each state or territory will be updated based on the most current available census data and will be communicated to states by August 15 of the preceding fiscal year. There is a required match of 43 nonfederal dollars for every 100 federal dollars. The match can be reached by use of state dollars, local government dollars, and private dollars including foundation dollars, in-kind support, or any combination thereof. Program has no maintenance of effort requirements.

FY13 (exp)
\$ 481,698

FY14 (approp)
\$ 532,959

FY15 (est)
\$ 499,764

Program Supported/Population Served: Funding enables the State to provide abstinence (only) education and, at the option of the State, where appropriate, mentoring, counseling, and adult supervision to promote abstinence from sexual activity, with a focus on groups most likely to bear children out of wedlock.

Governor's Strategic Goal: [Reduce Infant Mortality in Maryland by 10% by End 2017;](#)
[Reduce Preventable Hospitalizations by 10% by end of 2015](#)

**93.236 GRANTS TO STATES TO SUPPORT ORAL HEALTH WORKFORCE
ACTIVITIES (Grants to States to Support Oral Health Workforce Activities & Grants for
Residency Training in Dental Public Health)**

Program Description: Assists states to develop and implement innovative programs to address the dental workforce needs of designated dental health professional shortage areas.

Grants for Residency Training in Dental Public Health are no longer funded, but were supported under this CFDA and are now supported under Section 748 of the Patient Protection and Affordable Care Act of 2010.

Formula Description: This program has no statutory formula. Matching requirements: an entity receiving a grant under this program must contribute non-Federal funds to activities carried out under this grant to an amount equal to at least 40% of the Federal funding in support of this project. Matching funds may be a combination of in-kind contributions, fairly valued, and

any other from state, local, community or other organization resources. Maintenance of effort requirements are not applicable to this program.

FY13 (exp)
\$ 282,089

FY14 (approp)
\$ 500,000

FY15 (est)
\$ 500,000

Program Supported/Population Served: The HRSA” Grants to States to Support Oral Health Workforce Activities” has allowed the Office of Oral Health (OOH) programs to expand and implement OOH programs increasing access to care for all Marylanders. Through HRSA funding, OOH is administrating the following initiatives:

Increase access to community-based education and preventive dental services including dental sealants and fluoride varnish for high-risk children in Maryland by: increasing the number of clinical and school-based or school-linked public health programs providing these strategies; and partnering with key regional agencies with the capability of providing oral disease prevention measures to young, high-risk children through a pilot program with WIC centers on the Eastern Shore.

Increase the proportion of children receiving dental services in Title I schools in Prince George’s County through the Deamonte Driver Dental Van Project by supporting a part-time dentist.

Increase Community Water Fluoridation water operations workforce and infrastructure in order to increase the percentage of Marylanders receiving optimally fluoridated water.

Increase the extent to which population-based interventions address objectives that are informed by surveillance data by establishing a Health IT Surveillance System.

Expand the efforts of the Oral Health Literacy Campaign (OHLC) entitled “Healthy Teeth, Healthy Kids” in promoting oral health and disease prevention and expand the target population to include pregnant woman and mothers of at-risk children of all ages. The Office continued to support the OHLC Project Director to implement the continuation of the campaign.

Expand medical-dental collaboration and workforce in Maryland by designing programs targeting medical and dental health care providers to enhance their knowledge about oral health promotion and disease prevention so they are able to provide more services to the public, improve their communication skills when interacting with the public and serve as a resource to help patients navigate the health care system.

Ensure that the statewide oral health coalition (MDAC) is sustainable by increasing its resources and activities. Collaborate with the MDAC to hire a grant writer and training coordinator to support the oral health programs and build a sustainable organization.

Governor’s Strategic Goals: [Recover 100% of Jobs Lost due to the Great Recession by the End of FY2014](#); [Increase the Number of Marylanders Who Receive Skills Training by 20% by the End of 2018](#); [Reduce Preventable Hospitalizations by 10% by end of 2015](#)

93.243 SUBSTANCE ABUSE & MENTAL HEALTH SERVICES – PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (PRNS)

Program Description: The Substance Abuse and Mental Health Services Administration has the authority to address priority substance abuse treatment, prevention, and mental health needs of regional and national significance through assistance (grants and cooperative agreements) to states, political subdivisions of states, Indian tribes and tribal organizations, and other public or nonprofit private entities. Under these sections, CSAT, CMHS and CSAP seek to expand the availability of effective substance abuse treatment and recovery services available to Americans to improve the lives of those affected by alcohol and drug additions, and reduce the impact of alcohol and drug abuse on individuals, families, communities and societies and address priority mental health needs of regional and national significance and assist children in dealing with violence and traumatic events through by funding grant and cooperative agreement projects. Grants and cooperative agreements may be for (1) knowledge and development and application projects for treatment and rehabilitation and the conduct or support of evaluations of such projects; (2) training and technical assistance; (3) targeted capacity response programs (4) systems change grants including statewide family network grants and client-oriented and consumer run self-help activities and (5) programs to foster health and development of children; and (6) coordination and integration of primary care services into publicly-funded community mental health centers and other community-based behavioral health settings funded under Affordable Care Act (ACA).

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

Program Supported/Population Served: Multiple DHMH administrations, projects and/or activities are funded through this grant. These multiple projects and/or activities are listed by DHMH administration and sub-program as follows:

Prevention and Health Promotion Administration:

The Integrated Health/Primary Care Network project complements Maryland's ECHPP scale-up efforts to achieve the National HIV/AIDS Strategy primary goals of: reducing HIV incidence, increasing access to care and optimizing health outcomes, and reducing HIV-related health disparities, in the context of increased coordination and collaboration. The project provides seamless access for new or existing clients in the Baltimore-Towson Metropolitan Statistical Area (MSA) who access the mental health, substance abuse, and HIV/STI/AVH/TB public health systems of care. The project expands the availability of culturally competent and integrated infectious disease and behavioral health services for the populations most disproportionately affected by HIV in the Baltimore MSA, namely young, African American men who have sex with men, heterosexual African American women of childbearing age, and high-risk African American heterosexual men. Core components of the grant include the development of comprehensive, integrated client assessments across HIV and behavioral health disciplines, the establishment of active referral and linkage networks among providers, increased integration of infectious disease screening in behavioral health, capacity building, and increased programming to support clients in risk reduction.

FY13 (exp)
\$ 1,437,011

FY14 (approp)
\$ 1,350,699

FY15 (est)
\$ 1,342,402

Mental Hygiene Administration:

The Healthy Transitions Initiative project enables the Department of Health & Mental Hygiene (DHMH), Mental Hygiene Administration (MHA) and other partners at State and local levels to design and implement a system of care to meet the needs of young adults with mental health needs as they transition into adulthood, thus improving outcomes for Transition-Aged Youth (TAY).

The Enhancing Data Infrastructure project enables DHMH, MHA to strengthen the annual collection and reporting of the Uniform Reporting System measures and to encourage, support and facilitate the use of data and data analysis to plan and improve State and local Public Mental Health System activities. Data systems will be used to improve accountability, increase access, target resources, and continuously improve the quality of care.

FY13 (exp)
\$ 2,891,050

FY14 (approp)
\$ 4,585,190

FY15 (est)
\$ 4,834,049

93.251 UNIVERSAL NEWBORN HEARING SCREENING

Program Description: Supports state programs for reducing the loss to follow-up of infants who have not passed a physiologic newborn hearing screening examination prior to discharge from the newborn nursery. Although more than 95% of newborns are screened for hearing loss in the first few days of life, nationally about 20-40% of infants for whom further assessment is indicated cannot be documented as having appropriate follow-up. This funding opportunity is to initiate new activities to significantly reduce this loss to follow-up. Support is also provided to one national technical resource center.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

FY13 (exp)
\$ 222,974

FY14 (approp)
\$ 247,801

FY15 (est)
\$ 238,643

Program Supported/Population Served: This statewide program serves all babies born in a Maryland hospital. The program provides follow up services to help ensure that all babies born in a Maryland hospital are screened for hearing loss and risk factors for later onset and progressive hearing loss prior to hospital discharge. The program also seeks to ensure that babies who are diagnosed with hearing loss are referred for early intervention services if appropriate. Funds are used to support staff required to conduct follow up on infants who miss or do not pass the birth screen, for parent services and support, and for provider education (which includes hosting an annual state stakeholders meeting). Additionally, funds are used to extend

outreach and support to providers in underserved areas of the State, as well as Maryland's out of hospital birth population to further reduce the rate of loss to follow up for babies who miss or do not pass the newborn hearing screening. In State Fiscal Year 2013, 99.27% of the newborn population received the newborn hearing screening. About 31% of infant in Maryland for whom the need for further assessment was indicated were lost to follow up or lost to documentation during State Fiscal Year 2013.

Governor's Strategic Goal: [Improve Student Achievement and School, College, and Career Readiness in Maryland by 25% by the End of 2015](#); [Reduce Preventable Hospitalizations by 10% by end of 2015](#)

93.262 OCCUPATIONAL SAFETY & HEALTH PROGRAM

Program Description: To (1) recognize new hazards; (2) define the magnitude of the problem; (3) follow trends in incidence; (4) target exceptional hazardous workplaces for intervention; and (5) evaluate the effectiveness of prevention efforts. The goal of this program is to increase worker safety and health. To develop specialized professional and paraprofessional personnel in the occupational safety and health field with training in occupational medicine, occupational health nursing, industrial hygiene, occupational safety, and other priority training areas. To perform medical monitoring and treatment for World Trade Center Responders and non-Responders and to create a Registry of affected workers.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

FY13 (exp)
\$ 62,207

FY14 (approp)
\$ 90,345

FY15 (est)
\$ 97,246

Program Supported/Population Served: This new project, funded by a cooperative agreement with the National Institute for Occupation Safety and Health, to create a State fundamental program in occupational disease surveillance. Maryland does not have any existing capacity for surveillance of work-related diseases, despite statutory requirements for health care providers to report occupational diseases. This five year project will enable the Infectious Disease and Bureau of Environmental Health to collect data from existing sources and create an infrastructure for occupation illness reporting. This project will be done in close coordination with the Maryland Occupational Safety and Health program at the Department of Labor, Licensing, and Regulation, as well as with the Department of the Environment.

Governor's Strategic Goal: Delivering and Maintaining Maryland's Twelve Core Goals for Homeland Security Preparedness by 2016; [Reduce Preventable Hospitalizations by 10% by end of 2015](#)

93.268 IMMUNIZATION COOPERATIVE AGREEMENTS (Immunizations CoAg & Vaccines for Children Program previously published as Immunization Grants and Vaccines for Children Program)

Program Description: Assists states and communities in establishing and maintaining preventive health service programs to immunize individuals against vaccine-preventable diseases (including measles, rubella, poliomyelitis, diphtheria, pertussis, tetanus, hepatitis B, hepatitis A, varicella, mumps, haemophilus influenza type b, influenza, and pneumococcal pneumonia).

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

FY13 (exp)
\$ 4,978,311

FY14 (approp)
\$ 4,647,622

FY15 (est)
\$ 4,649,721

Program Supported/Population Served: The program, including the Vaccines for Children project, investigates all reported cases of vaccine-preventable disease; enforces school and day care immunization laws; monitors adverse vaccine reactions; provides consultation, follow-up and vaccine to prevent perinatal transmission of Hepatitis B; conducts in-service and training programs for health care providers; conducts a variety of immunization surveys in schools and health care facilities; provides immunization advice and direction to local health departments and health care providers; and measures immunization levels in the general population. This project is statewide.

Governor's Strategic Goal: [Reduce Infant Mortality in Maryland by 10% by End 2017;](#)
[Reduce Preventable Hospitalizations by 10% by end of 2015](#)

93.270 ADULT VIRAL HEPATITIS PREVENTION & CONTROL (Viral Hepatitis Prevention, Screening, Linkage to Care & Education)

Program Description: Assists states and local health agencies, health related organizations and other governmental and nongovernmental organizations in their efforts to decrease the incidence of hepatitis A, hepatitis B and hepatitis C viruses and to decrease risks for chronic liver including cirrhosis and liver cancer in persons with chronic hepatitis B and hepatitis C infections.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

FY13 (exp)
\$ 108,815

FY14 (approp)
\$ 128,583

FY15 (est)
\$ 129,814

Program Supported/Population Served: The AVHPC cooperative agreement supports a single position to promote viral hepatitis awareness across the State to integrate viral hepatitis prevention services into existing public health programs. Target populations include those who, because of behavioral or occupational factors or certain medical therapies, are at increased risks for exposure and acquisition of hepatitis B and C virus infections. These individuals are often

underinsured on uninsured, thereby limiting or prohibiting access to screening and medical services.

Governor's Strategic Goal: [Reduce Preventable Hospitalizations by 10% by end of 2015](#)

93.275 SUBSTANCE ABUSE & MENTAL HEALTH SERVICES – ACCESS TO RECOVERY (ATR I, ATR II)

Program Description: Implement voucher programs for substance abuse clinical treatment and recovery support services pursuant to sections 501 (d)(5) and 509 of Public Health Service Act (42 U.S.C. sections 290aa(d)(5) and 290bb-2). This program provides client choice among substance abuse clinical treatment and recovery support service providers, expand access to a comprehensive array of clinical treatment and recovery support options (including faith-based programmatic options), and increase substance abuse treatment capacity. Monitoring outcomes, tracking costs, and preventing waste, fraud and abuse to ensure accountability and effectiveness in the use of Federal funds are also important elements of the ATR program. Through the ATR grants, States, Territories, the District of Columbia and Tribal Organizations (hereinafter collectively referred to as "States") will have flexibility in designing and implementing voucher programs to meet the needs of clients in the State. The key to successful implementation of the voucher programs supported by the ATR grants will be the relationship between the States and clients receiving services, to ensure that clients have a genuine, free, and independent choice among eligible providers. States are encouraged to support any mixture of clinical treatment and recovery support services that can be expected to achieve the program's goal of achieving cost-effective, successful outcomes for the largest number of people.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

FY13 (exp)	FY14 (approp)	FY15 (est)
\$ 3,342,445	\$ 3,169,967	\$ 793,414

Program Supported/Population Served: The Access to Recovery (ATR) grant provides federal funds to develop a network of clinical and recovery support services throughout the State to serve patients leaving residential substance abuse treatment. Functions supervised by this project include provider network development, referral pathway development and implementation, coordination of services received, data collection and analysis, and oversight of fiscal management.

Governor's Strategic Goal: [Reduce Overdose Deaths by 20% by the End of 2015](#)

93.283 CENTERS FOR DISEASE CONTROL & PREVENTION – INVESTIGATIONS & TECHNICAL ASSISTANCE (CDC Investigations, Technical Assistance)

Program Description: Assists states, local health authorities and other health related organizations in controlling communicable diseases, chronic diseases and disorders, and other preventable health conditions. Investigations and evaluations of all methods of controlling or preventing disease and disability are carried out by providing epidemic aid, surveillance, technical assistance, consultation, and program support; and by providing leadership and coordination of joint national, state and local efforts.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

FY13 (exp)
\$ 12,365,660

FY14 (approp)
\$ 12,597,101

FY15 (est)
\$ 11,342,034

Program Supported/Population Served: Multiple projects and/or activities are funded through this grant. These multiple projects and/or activities are listed as follows:

Adult Viral Hepatitis Prevention Coordinator (AVHPC) cooperative agreement supports a single position to promote viral hepatitis awareness across the State to integrate viral hepatitis prevention services into existing public health programs. Target populations include those who because of behavioral or occupational factors or certain medical therapies are at increased risks for exposure and acquisition of hepatitis B and C virus infection. These individuals are often underinsured or uninsured, thereby limiting or prohibiting access to screening and medical services.

The AVHPC interfaces with various internal and external partners, including DHMH's STI and HIV/AIDS programs, the DHMH Alcohol and Drug Abuse Administration, advocacy groups, surveillance, and corrections in efforts to enhance basic services of testing, counseling, and referral for medical care. Duties performed by the coordinator entail training of public health and healthcare professionals, technical assistance to local health department staff, management of an adult hepatitis B vaccination initiative, and administrative tasks (writing reports and other documents related to funding solicitation and legislation).

Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing telephone surveillance program designed to collect data on the behaviors and conditions that place Marylanders at risk for chronic diseases, injuries, and preventable infectious diseases. These data collected are used to characterize health behaviors, ascertain the prevalence of risk factors, and target demographic groups with increased needs. Knowing the type and frequency of health issues and risky behaviors enables the public health professionals to devise and implement programs geared toward the prevention of chronic diseases, injury, and disability. This system has been collecting information on residents 18 years of age and older since 1986. BRFSS data from 1995 to the present are available on our website: www.marylandbrfss.org.

Chronic Disease and Health Promotion program consisted of the following components through March 2009: (1) State-Based Tobacco Prevention and Control Program; (2) State Nutrition and Physical Activity Program; (3) State-Based Arthritis Prevention and Control Program; and (4) Behavioral Risk Factor Surveillance System. Beginning April 2009, the following components

were contained within this consolidated grant: (1) State-Based Tobacco Prevention and Control Program; (2) Behavioral Risk Factor Surveillance System; and (3) Diabetes Control. In April 2011, the program components became: (1) State-Based Tobacco Prevention and Control Program; (2) Diabetes Control; and (3) Healthy Communities. The Statewide Comprehensive Tobacco Control Program identifies and eliminates tobacco-related disparities through prevention, cessation, and elimination of secondhand smoke exposure. The Diabetes Prevention and Control Program improves the health of diabetics through improving quality and access to health care. The Healthy Communities program provides technical assistance to convenience stores to increase the availability of healthy, affordable foods. All components of this award contain a matching requirement of \$1 non-federal for every \$4 federal; the Healthy Communities Program was eliminated from the Federal Fiscal Year 2012 budget and the Diabetes Prevention and Control Program was moved to CFDA 93.945 in Federal Fiscal Year 2013 on June 30, 2013.

Three programs are supported in the DHMH Center for Cancer Surveillance and Control: (1) Maryland Breast and Cervical Cancer Early Detection program (BCCEDP) has a matching requirement of \$1 non-federal for every \$3 federal. This program provides breast and cervical cancer screening, referral and follow up services (approximately 11,000 patients are served each year) to low income, uninsured and underinsured, non-Medical Assistance eligible women statewide with a special emphasis on ethnic minorities, older, and geographically-isolated women; (2) Maryland Comprehensive Cancer Control program (MCCCP) contains a cost sharing amount of not less than 10% of federal funds. This program maintains, revises and implements the Maryland Comprehensive Cancer Control Plan; (3) Enhancement of the Maryland Cancer Registry has a matching requirement of \$1 non-federal for every \$3 federal. This program supports existing staff in preparing data for national certification and release, analyzes and submits data to CDC's National Program of Cancer Registries, responds to data requests, performs advanced statistical analysis, and reviews and facilitates data requests to the Institutional Review Board.

Integrating Colorectal Cancer Screening Within Chronic Disease Programs grant began March 3, 2009. There is no matching fund requirement for this grant. The purpose of this project is to use evidence based interventions to increase population based colorectal cancer screening numbers. The project uses the Social Ecological Model as a basis for determining interventions and target audiences. Maryland will work with Federally Qualified Health Centers (FQHCs) to increase the use of reminder tools with the goal of increasing colorectal screening. Additionally, the project provides colorectal screening to uninsured individuals in Baltimore City through a partnership with two Baltimore City Hospitals.

Early Hearing Detection and Intervention On-line Data Management project support the Maryland Universal Newborn Hearing Screening Program to ensure that all babies born in Maryland receive hearing screening by one month of age, and that those not passing screening receive diagnosis of hearing status by three months of age. The goal of early screening and diagnosis is to initiate early intervention services by no later than six months of age. Early and appropriate intervention is the key to reaching communication potentials for children with hearing loss.

Emerging Infections Program is a collaborative effort among DHMH, local health departments, healthcare providers, clinical laboratories, the Johns Hopkins University Bloomberg School of Public Health and the University of Maryland School of Public Health to enhance reporting, investigation, and control of infectious diseases of public health importance. Project areas include foodborne diseases (e.g. salmonella), healthcare associated infections, influenza, tickborne diseases (e.g. Lyme Disease), arboviral diseases (e.g. West Nile Virus) and vaccine preventable diseases (e.g. meningitis). Program activities are conducted statewide and are funded through a cooperative agreement with the Centers for Disease Control and Prevention.

Environmental Public Health Tracking project is a partnership with the Maryland Department of the Environment to inventory and assess various environmental hazards and exposures. This project inventories and assesses databases for their utility and potential for integration into an environmental public health tracking system to enhance the capacity of the public health laboratory to test human specimens for evidence of exposures to environmental toxins. The Maryland Tracking Network public and secure portals are now available as an environmental health resource of information in the State. This is a statewide project.

Epidemiology and Laboratory Capacity for Infectious Diseases program is a cooperative agreement with the CDC. Funding supports enhancement of current surveillance systems for communicable diseases and building improved disease detection and prevention activity through enhancement of epidemiology, laboratory and information technology infrastructure. This project also supports the National Electronic Disease Surveillance System. Population served includes Maryland residents.

Maryland Heart Disease and Stroke Prevention program seeks to reduce the morbidity and mortality of heart disease and stroke, which are the first and third leading causes of death in Maryland. Specifically, the program is implementing components of the Maryland Heart Disease and Stroke Prevention and Control Plan through improving high blood pressure medication adherence among diabetic patients at select Federally Qualified Health Centers; incorporating the Cardiovascular Health module into the current Maryland Pharmacy Patient Partnerships (P3) program. In addition, the HDSP Program supports the Healthiest Maryland initiative, a statewide movement to create a culture of wellness—an environment that makes the healthiest choice the easiest choice. It is a “grasstops” social marketing campaign to engage leadership in promoting wellness within their sphere of influence. The Maryland Heart Disease and Stroke Prevention was moved to CFDA 93.945 in Federal Fiscal Year 2013 on June 30, 2013.

State-Based Oral Disease Prevention program is a partnership with the CDC through a collaborative agreement to build on existing efforts of the Office of Oral Health (OOH) to establish, strengthen, and enhance the infrastructure and capacity of Maryland’s Office of Oral Health to plan, implement, and evaluate population-based oral disease prevention and promotion programs, prioritizing populations-based on oral disease burden.

OOH will maintain its infrastructure and expand surveillance and evidence-based community-clinical linked interventions to best target the oral health needs of Marylanders. OOH intends to retain key staff positions including the epidemiologist/evaluation scientist, water fluoridation

coordinator, dental sealant coordinator, and health policy analyst/CDC grant program coordinator. OOH will utilize these experts to sustain and expand its current programs and implement new community water fluoridation and dental sealant initiatives as well as implement health system interventions to improve the effective delivery of preventive oral health services. Building on its existing strong network of partners and stakeholders, the OOH has successfully worked with the former Dental Action Committee to become an independent statewide Oral Health Coalition called the Maryland Dental Action Coalition. OOH also developed a broad, comprehensive State Oral Health Plan to represent the entire State and will continue to expand its strong base of partners by collaborating with this expanded network to develop a statewide Oral Health Summit and statewide Oral Health Literacy Campaign.

The School Dental Sealant Program will: 1) continue to fund public health programs that provide Title I school based/school linked sealant services; 2) increase the number of children receiving sealants through OOH funded public health programs; 3) increase the number of Title I schools served by dental sealant programs; and 4) increase the number of public health dental sealant programs reporting program data to OOH that includes program efficiency and reach information. In partnership with the Maryland Department of the Environment, OOH will collaborate with the Maryland Rural Water Association to implement a community water fluoridation quality control training program of State water operations to enhance Maryland's existing community water fluoridation program. Having already taken significant strides in policy development and systems level assessments, the OOH will continue to build upon these skills and conduct periodic policy assessments in an effort to reduce oral diseases. The OOH continues to strive for the integration of oral health priorities into other public health efforts, including program collaboration with other CDC funded programs, of which there are many located within the Prevention and Health Promotion Administration. An evaluation will be developed and implemented focusing on the fluoride varnish program, partnerships and collaborations, and the dental sealant program with technical assistance from the CDC in order to effectively incorporate evaluation from the beginning of each of these initiatives. By the end of the funding period, policies and programs supporting oral disease prevention will be increased as will community-based public health prevention services for prioritized populations based on disease burden. These activities will contribute to a reduced prevalence of caries among prioritized populations.

CDC – BioSense 2.0: This grant assists state, local, tribal and territorial health authorities to implement public health situational awareness, and syndromic surveillance utilizing BioSense 2.0 cloud based environment. Specifically, this includes promoting timely exchange of electronic health-related information between providers and public health authorities, facilitating timely information sharing among state, local, tribal, territorial and federal public health partners, and promoting improvement of the science, analytic and workforce practice for public health surveillance at the state, local, tribal, and territorial levels. Maryland's participation in the BioSense 2.0 program will include the sharing of aggregated data from all acute area hospitals in the State; therefore, the entire population of Maryland will be represented. An additional feature of the BioSense 2.0 program is the potential partnering with neighboring states and jurisdictions to share bio-surveillance data. This will allow Maryland epidemiologists to monitor disease and maintain situational awareness on a regional and/or national level.

Governor's Strategic Goals: [Recover 100% of Jobs Lost due to the Great Recession by the End of FY2014](#); [Delivering and Maintaining Maryland's Twelve Core Goals for Homeland Security Preparedness by 2016](#); [Reaching the Healthier Bay Tipping Point by 2025](#); [Reduce Infant Mortality by 10% by End 2017](#); [Reduce Preventable Hospitalizations by 10% by end of 2015](#)

93.296 STATE PARTNERSHIP GRANT PROGRAM TO IMPROVE MINORITY HEALTH (State Partnership Program)

Program Description: Facilitate the improvement of minority health and eliminate health disparities (adult/child immunization, asthma, cancer, diabetes, heart disease and stroke, HIV, infant mortality, and mental health) through the development of partnerships with state and territorial offices of minority health.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

FY13 (exp)	FY14 (approp)	FY15 (est)
\$ 111,101	\$ 130,000	\$ 130,000

Program Supported/Population Served: The purpose of the project is to offer training and promote adoption of the enhanced National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS Standards). The primary focus of the CLAS Standards is to partner with health care delivery organizations in targeted Maryland communities and to train selected consumers regarding what they should expect from these organizations to improve health care services in a way that is culturally and linguistically appropriate services to Maryland's residents. The adoption and training on CLAS is strategic in that these programs are directly linked to major key statewide initiatives currently underway in Maryland to improve health disparities. This project is central to the State's Health Reform and Affordable Care Act initiatives.

Governor's Strategic Goal: [Reduce Preventable Hospitalizations by 10% by end of 2015](#)

93.301 SMALL RURAL HOSPITAL IMPROVEMENT GRANT PROGRAM

Program Description: Support activities related to quality improvement and investments towards meaningful use of health information technology. Hospitals will utilize funds to: 1) pay for costs related to maintaining accurate prospective payment systems billing and coding such as updating and or implementing ICD-10 hardware/software, and 2) pay for the costs related to delivery system changes as outlined in the Affordable Care Act such as value-based purchasing, accountable-care organizations and payment bundling.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

FY13 (exp)
\$ 0

FY14 (approp)
\$ 22,140

FY15 (est)
\$ 18,000

Program Supported/Population Served: The Small Rural Hospital Improvement Program (SHIP) involves hospitals in designated rural counties with fewer than 49 beds. Federal legislation requires that all monies be directed to eligible hospitals to only pay for costs related to purchasing computer software and hardware, educating and training hospital staff on computer information systems. In State Fiscal Year 2013, only 2 hospitals (Garrett County Memorial Hospital and McCreedy Memorial Hospital) met eligibility criteria for SHIP funds.

93.414 STATE PRIMARY CARE OFFICES ([ARRA State Primary Care Office PCO](#))

Program Description: Coordinate local, state and federal resources contributing to primary care service delivery and workforce issues in the state to meet the needs of medically underserved populations through health centers and other community-based providers of comprehensive primary care and the retention, recruitment and oversight of health professions for medically underserved populations, as funded under the American Recovery and Reinvestment Act of 2009 (ARRA).

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

FY13 (exp)
\$ 157,647

FY14 (approp)
\$ 29,779

FY15 (est)
\$ 0

Program Supported/Population Served: The Primary Care Office (PCO) serves as the link between the Health Resources Services Administration's, Bureau of Health Professions BHP and Maryland for Maryland's underserved communities and populations. The PCO has committed to coordination of local, State and federal resources contributing to health care service delivery and workforce issues in Maryland, to meet the needs of medically underserved populations through health centers and other community-based providers of comprehensive health care, and to the retention, recruitment and oversight of health professionals for medically underserved populations. This program will end September 29, 2013.

Governor's Strategic Goal: [Reduce Infant Mortality in Maryland by 10% by End 2017](#)

93.448 FOOD SAFETY & SECURITY MONITORING PROJECT (FERN Grant Program)

Program Description: Complement, develop and improve state, Indian Tribal, and local food safety and security testing programs through the provision of supplies, personnel, facility upgrades, training in current food testing methodologies and participation in proficiency testing to establish additional reliable laboratory sample analysis capacity and analysis of surveillance samples. New programs will be included to complement, develop and improve state, Indian Tribal, and local food safety and security analyses of foods and food products related to

radiological terrorism or other emergency situations through the provision of supplies, personnel, facility upgrades, training in current food testing methodologies, participation in proficiency testing to establish additional reliable laboratory sample analysis capacity, participation in method enhancement activities to extend analysis capability, and analysis of surveillance samples in the event of a large-scale radiological terrorism event affecting foods or food products.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

FY13 (exp)	FY14 (approp)	FY15 (est)
\$ 193,718	\$ 228,628	\$ 209,044

Program Supported/Population Served: The Laboratories Administration Radiation chemistry laboratory is an active member of the Food Emergency Response Network (FERN). Funding is used for maintaining instruments and equipment, supplies, personnel, staff training and facility upgrades. Funding enables the Laboratory Administration to expeditiously analyze food and food products in the event additional surge capacity is needed by the FDA/FERN for radiological terrorism or other related public health emergency event.

Governor's Strategic Goal: [Delivering and Maintaining Maryland's Twelve Core Goals for Homeland Security Preparedness by 2016; Reduce Preventable Hospitalizations by 10% by end of 2015](#)

93.505 AFFORDABLE CARE ACT (ACA) MATERNAL, INFANT, & EARLY CHILDHOOD HOME VISITING PROGRAM

Program Description: The Maternal, Infant, and Early Childhood Home Visiting Program is designed to: (1) strengthen and improve the programs and activities carried out under Title V; (2) improve coordination of services for at risk communities; and (3) identify and provide evidence-based home visiting programs to improve outcomes for families who reside in at risk communities.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

FY13 (exp)	FY14 (approp)	FY15 (est)
\$ 2,030,865	\$ 1,323,742	\$ 4,089,729

Program Supported/Population Served: Funding is to provide evidence-based home visitation services to improve outcomes for pregnant women, mothers, infants, and children birth through eight who reside in at risk communities. A priority focus is to (1) strengthen and improve home visiting programs; (2) improve coordination of early childhood services for at risk communities; and (3) to identify and provide comprehensive services to improve outcomes for families that reside in at risk communities.

Governor's Strategic Goal: [Reduce Infant Mortality in Maryland by 10% by End 2017;](#)
[Reduce Preventable Hospitalizations by 10% by end of 2015](#)

93.506 ACA NATIONWIDE PROGRAM FOR NATIONAL & STATE BACKGROUND CHECKS FOR DIRECT PATIENT ACCESS EMPLOYEES OF LONG TERM CARE FACILITIES & PROVIDERS

Program Description: Program is intended to establish a nationwide program to identify efficient, effective, and economical procedures for long term care facilities and providers to conduct background checks on a statewide basis on all prospective direct patient access employees.

Formula Description: Statutory formulas are not applicable to this program. Matching Requirements: Matching requirements as specified in Section 6201 (a) (5) of the Affordable Care Act. This program does not have maintenance of effort requirements.

FY13 (exp)	FY14 (approp)	FY15 (est)
\$ 0	\$ 0	\$ 114,265

Program Supported/Population Served: The program is designed to serve and protect the adult vulnerable population in all adult dependent care programs in the state of Maryland. It is intended to streamline the process for obtaining background checks and reduce duplication.

93.507 PPHF 2012 NATIONAL PUBLIC HEALTH IMPROVEMENT INITIATIVE

Program Description: The National Public Health Improvement Initiative is part of the Centers for Disease Control and Prevention's (CDC) larger effort to increase the performance management capacity of public health departments in order to ensure that public health goals are effectively and efficiently met. On March 30, 2010, President Obama signed into law the Affordable Care Act (ACA) (PL 111-148). This legislation established a Prevention and Public Health Fund (Title IV, Section 4002) to provide for expanded and sustained national investment in prevention and public sector health care costs. ACA and the Prevention and Public Health Fund make improving public health a priority with investments to improve public health services, establish meaningful and measureable health indicators, and to achieve long-term improvement in health outcomes. The 5-year "Strengthening Public Health Infrastructure for Improved Health Outcomes" cooperative agreement program is designed to support innovative changes in key areas that improve the quality, effectiveness and efficiency of the public health infrastructure to better enable the delivery of public health services and programs as specified within ACA. In this continuation announcement, the CDC proposes to award approximately \$33.7 million to fund 74 grantees using a formula. Eligible applicants are limited to current Awardees.

In this continuation funding is available to all current awardees to provide support for:

- accelerating public health accreditation readiness activities

- providing additional support for performance management and improvement practices and,
- developing, identifying and disseminating innovative and evidence-based policies and practices.

This program supports the Healthy People 2020 focus area of addressing Public Health Infrastructure (<http://www.healthypeople.gov/hp2020/>). Cross-jurisdictional (state, local, tribal, territorial, regional, community, and border) collaborations are encouraged to increase the impact of limited resources, improve efficiency, and to leverage other related health reform efforts/projects.

Measurable outcomes of the program align with the following performance goals:

- 1) Increased efficiencies of program operations,
- 2) Increased use of evidence-based policies and practices, and,
- 3) Increased readiness for applying to and achieving accreditation by the Public Health

Accreditation Board PHAB. (More information on accreditation activities can be found on the PHAB web site at <http://www.phaboard.org/>).

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

FY13 (exp)	FY14 (approp)	FY15 (est)
\$ 338,039	\$ 388,990	\$ 426,775

Program Supported/Population Served: This program supports the Office of Population Health Improvement and the Maryland State Health Improvement Process (SHIP). The goal of SHIP is to provide a framework for accountability, local action and public engagement to advance the health of Marylanders. The SHIP provides data on 39 critical health measures in six focus areas representing what it means for Maryland to be healthy. Efforts are directed at providing resources and technical assistance to local communities for community health assessments and alignment of activities with the statewide SHIP, including development of local community health profiles and fostering the identification, dissemination and adoption of public health's best and most promising practices. Where possible, local data are provided by race and ethnicity, so local planning efforts can target key health disparities in Maryland for action. The CDC notified states that Year 05 of this grant is not going to be made available and, therefore, funding for this grant ends in Federal Fiscal Year 2015.

Governor's Strategic Goals: [Improve Student Achievement and School, College, and Career Readiness in Maryland by 25% and Reduce Violent Crime in Maryland by 20% by the End of 2018 and End Childhood Hunger in Maryland by 2015 and Reduce Infant Mortality in Maryland by 10% by End 2017 and Reduce Overdose Deaths by 20% by the end of 2015](#)

93.520 CENTERS FOR DISEASE CONTROL & PREVENTION – AFFORDABLE CARE ACT (ACA) – COMMUNITIES PUTTING PREVENTION TO WORK

Program Description: This funding was appropriated...to reduce Chronic Disease risk factors, prevent and delay chronic disease, promote wellness, and better manage chronic conditions. This initiative addresses the following: increased levels of physical activity; improved nutrition (e.g. increased fruit/vegetable consumption, reduced salt and trans fats); decreased smoking prevalence and decreased teen smoking initiation; and decreased exposure to secondhand smoke. Communities funded under this announcement will accomplish this by implementing population-based approaches such as policy, systems, and environmental changes across 5 evidence-based strategies – access, media, point-of-decision information, social support services, and price – in both schools and communities. Both components are necessary to achieve behavior change in youth that sustain from school settings into family and community settings, and supports sustaining healthy behavior into adulthood. Communities funded by this announcement will receive a menu of evidence-based interventions along with support and tools from the Centers for Disease Control and Prevention to strengthen and develop effective strategies tailored to their needs.

The cooperative agreements will address the “Healthy People 2010” focus areas of obesity, cardiovascular disease, tobacco, and educational and community-based programs; the Health Protection Goals of “Healthy People in Every Stage of Life” which states that “all people, and especially those at greater risk of health disparities, will achieve their optimal lifespan with the best quality of health in every stage of life,” and “Healthy People in Healthy Places” which states that “the places where people live, work, learn, and play will protect and promote their health and safety, especially those at greater risk of health disparities.”

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

FY13 (exp)	FY14 (approp)	FY15 (est)
\$ 9,326	\$ 0	\$ 0

Program Supported/Population Served: With the two combined ACA awards, the Center for Tobacco Prevention and Control as able to serve an additional 1,479 residents through the Quitline from September 2010 to September 2012.

Governor’s Strategic Goal: [Reduce Infant Mortality in Maryland by 10% by End 2017](#)

93.521 THE AFFORDABLE CARE ACT: BUILDING EPIDEMIOLOGY, LABORATORY, & HEALTH INFORMATION SYSTEMS CAPACITY IN THE EPIDEMIOLOGY & LABORATORY CAPACITY FOR INFECTIOUS DISEASE (ELC) & EMERGING INFECTIONS PROGRAM (EIP) COOPERATIVE AGREEMENTS; PPHF (ELC/EIP – 2012 Prevention & Public Health Fund & Other Capacity-Building Activities)

Program Description: The Prevention and Public Health Fund (Title IV, Section 4002) was established under Patient Protection and Affordable Care Act (PPACA) to provide for expanded and sustained national investment in prevention and public health programs to improve health and help restrain the rate of growth in private and public sector health care costs. The

Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and Emerging Infections Program (EIP) cooperative agreements were formed in 1995 as key components of Centers for Disease Control and Prevention's (CDC) national strategy to address and reduce emerging infectious disease (EID) threats. The programs play a critical role in strengthening national infectious disease infrastructure by serving as collaborative platforms for state and local health departments, CDC programs, and academic and various other public health partners to improve the ability to detect and respond to EIDs and other public health threats. Specifically, the programs build epidemiology, laboratory, and information systems capacity, integrate epidemiology and laboratory practice, implement active surveillance, and conduct targeted research aimed at improving methods and informing national surveillance and response activities. Overall, additional funds from multiple sources including PPHF will allow ELC and EIP partner agencies to substantially address gaps in EID epidemiology and laboratory capacity (e.g. number and training level of epi and lab staff, efficient/functional information systems, et cetera).

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

FY13 (exp)	FY14 (approp)	FY15 (est)
\$ 1,048,277	\$ 826,120	\$ 947,747

Program Supported/Population Served: The purpose of the Emerging Infections Program-ACA cooperative agreement is to support State and local health departments' surveillance infrastructure through enhancement of the epidemiology and laboratory capacity of the existing EIP network. Over the past 17 years, the EIP network has proved to be a national resource for conducting active, population-based surveillance and special studies for invasive bacterial diseases, foodborne pathogens, healthcare associated infections (HAIs), influenza, and many other infectious diseases. The network has been instrumental in measuring the impact of the 7-valent pneumococcal conjugate vaccine, informing and evaluating treatment guidelines for Group B Streptococcus, estimating the burden of foodborne illness, documenting the emergence of community-associated methicillin-resistant *Staphylococcus aureus*, and monitoring the safety of the 2009 H1N1 vaccine as part of the influenza safety network. The flexibility of the EIP network is critical so that activities and special studies can adapt to changing priorities for infectious disease emergency response and program areas. These investments in the basic infrastructure support multiple activities at each site and are critical for a comprehensive, efficient, and coordinated approach to general program management from which all activities benefit. EIP sites may conduct up to 65 different surveillance and research activities related to infectious diseases during the course of a year. These activities require investments in personnel time to implement or modify, including building collaborative relationships with local hospitals, laboratories, and healthcare providers; submitting applications to multiple institutional review boards for dozens of studies; hiring, supervising and training staff; facilitating information exchange between CDC, local epidemiologists and laboratories; and actively participating in numerous conference calls, conferences, and meetings with CDC investigators. This cooperative agreement provides funding to enhance support for the basic infrastructure of the EIP network as well as to enhance EIP programmatic activities.

ACA funds awarded through the ELC support a broad range of activities that support the infrastructure (personnel, equipment, supplies) needed for the epidemiology, laboratory, and information technology capacities in the area of infectious diseases. Funds are intended to be used to fill critical gaps and allow flexibility to attend to timely public health needs. The population served includes Maryland residents.

Governor’s Strategic Goals: [Delivering and Maintaining Maryland’s Twelve Core Goals for Homeland Security Preparedness by 2016](#); [Reaching the Healthier Bay Tipping Point by 2025](#); [Reduce Preventable Hospitalizations by 10% by end of 2015](#)

93.523 THE AFFORDABLE CARE ACT: HUMAN IMMUNODEFICIENCY VIRUS (HIV) PREVENTION & PUBLIC HEALTH FUND ACTIVITIES

Program Description: Program activities under this funding allow for Centers for Disease Control and Prevention partnership with state and local health departments and other agencies to substantially reduce HIV risk and incidence. Specifically, program activities may include but are not limited to:

1. Expanded and improved surveillance activities, including a laboratory reporting supplement to the current surveillance program to enable state and local health departments to improve the reporting of HIV laboratory data with special emphasis on CD4 and VL test results.
2. Increased HIV testing and linkage to care services.
3. Comprehensive HIV prevention activities, including the implementation of a structured, evidence-based collection of HIV prevention interventions in a limited number of jurisdictions with the most cases of AIDS. Interventions will include HIV testing, linkage and retention in care, Prevention with Positives including antiretroviral therapy and behavioral interventions, prioritized behavioral interventions for people at highest risk of HIV infection, condom distribution, and enhanced policy, systems, and environmental approaches.
4. Activities to support the above efforts, including program monitoring and evaluation, capacity building, and technical assistance.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

FY13 (exp)
\$ 1,774,085

FY14 (approp)
\$ 724,482

FY15 (est)
\$ 0

Program Supported/Population Served: The Prevention and Health Promotion Administration utilizes funds from this award to support enhanced HIV prevention planning and expanded implementation of HIV prevention activities to increase the number of Marylanders living with HIV who know their HIV serostatus and are linked to appropriate HIV care, support and prevention services, and to prevent new HIV infections. These HIV prevention programs are located in the Baltimore-Towson Metropolitan Statistical Area (Baltimore City and Anne

Arundel, Baltimore, Carroll, Harford, Howard and Queen Anne's counties) and include HIV testing and linkage-to-care programs, local health department HIV/STI partner services, behavioral risk reduction interventions for persons living with HIV, and condom distribution. Funds also support provider education, capacity building, policy development, and program monitoring and evaluation.

Governor's Strategic Goal: [Reduce Preventable Hospitalizations by 10% by end of 2015](#)

93.524 BUILDING CAPACITY OF THE PUBLIC HEALTH SYSTEM TO IMPROVE POPULATION HEALTH THROUGH NATIONAL, NON-PROFIT ORGANIZATIONS-FINANCED IN PART BY 2013 PREVENTION & PUBLIC HEALTH FUNDS (PPHF-2013) (CBA to Strengthen Public Health Infrastructure & Performance)

Program Description: Program covers projects under two funding initiatives: 1) specific capacity building activities (CBA) under PPHF; and 2) CBA activities under an umbrella cooperative agreement for unique target populations. Applicant organizations have the opportunity to compete for PPHF supported projects as well as high priority Centers for Disease Control and Prevention projects. This program assists state, tribal, local and U.S. territorial health departments, and other components of the public health system by making available to them capacity building assistance (including technical consultation, skills building/training, information, and technology transfer assistance) that will result in: systems and organizational efficiencies; a capable and qualified workforce; state-of-the-art information technology systems and integrated and standardized community and population data; improved planning, implementation and evaluation of evidence-based public health policies, laws, programs and services; results driven local and national public and private partnerships; and increased availability and accessibility of public health resources, such as publications, educational materials, syndicated website material, training curricula, assessments and evaluation tools, and other products for improvement of public health agencies and other agencies in the public health system. The overall goal of capacity building assistance is to ensure improvements in the public health infrastructure so that it is prepared for responding to both acute and chronic threats relating to the Nation's health such as emerging infections, disparities in health status, and increases in chronic disease and injury rates.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

FY13 (exp)
\$ 24,112

FY14 (approp)
\$ 0

FY15 (est)
\$ 0

Program Supported/Population Served: Small grant for \$40,000 to evaluate Legislative law passed in 2009 to see the impact of the law. The impact was in regards to public health dental hygienists being able to provide service in non-traditional community sites.

93.531 PPHF 2012: COMMUNITY TRANSFORMATION GRANTS & NATIONAL DISSEMINATION & SUPPORT FOR COMMUNITY TRANSFORMATION GRANTS – FINANCED SOLELY BY 2012 PREVENTION & PUBLIC HEALTH FUNDS (Community Transformation Grants & National Dissemination & Support for Community Transformation Grants)

Program Description: Community Transformation Grants – to reduce death and disability from the five leading causes of death through the prevention and control these conditions and their risk factors. Recipients will select from a menu of interventions across the health and wellness spectrum, each of which can prevent or control chronic conditions. Each recipient will choose interventions that will help to achieve health equity, eliminate disparities, and improve the health of all groups. More specific goals within these broad goal areas will be provided in funding announcements

National Dissemination and Support for Community Transformation Grants (CTG) – to support the efforts of the CTG program by funding national non-governmental organizations with a network of community based organizations.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

FY13 (exp)
\$ 2,047,162

FY14 (approp)
\$ 1,909,957

FY15 (est)
\$ 1,908,831

Program Supported/Population Served: The Prevention and Health Promotion Administration’s Center for Chronic Disease Prevention and Control leads CTG implementation in collaboration with other DHMH Offices/Centers and other partners. Under the terms of the federal grant requirements, Baltimore City, Baltimore County, Anne Arundel, Prince George’s, and Montgomery counties were excluded and this grant focuses on Maryland’s “Rest of State” jurisdictions with an estimated population of 1.9 million residents, including a rural population of over 300,000 residents. Community Transformation Grant strategies will help to achieve health equity, eliminate disparities, and improve the health of all groups. Communities will receive support and technical assistance to implement evidence-based strategies and best practices for tobacco-free living, active living and healthy eating, and evidence-based clinical and community preventive services, specifically prevention and control of high blood pressure and high cholesterol.

93.538 AFFORDABLE CARE ACT – NATIONAL ENVIRONMENTAL PUBLIC HEALTH TRACKING PROGRAM – NETWORK IMPLEMENTATION (National Center for Environmental Health, Division of Environmental Hazards & Health Effects, Environmental Health Tracking Branch)

Program Description: This program establishes and maintains a nationwide tracking network to obtain integrated health and environmental data and use it to provide information in support of actions improving the health of communities.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

FY13 (exp) \$ 12,428	FY14 (approp) \$ 100,767	FY15 (est) \$ 0
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Program Supported/Population Served: The Environmental Public Health Tracking (EPHT) program was established to allow users access to health and environmental data simultaneously. In Maryland, the users can access data on a wide variety of health and environmental data for the entire state, using either a public portal or a secure, password-protected portal with data at a more localized level. The Maryland EPHT serves the entire State, and is also hosting data from the District of Columbia.

Governor's Strategic Goal: [Delivering and Maintaining Maryland's Twelve Core Goals for Homeland Security Preparedness by 2016; Reduce Preventable Hospitalizations by 10% by end of 2015](#)

93.539 PPHF 2012 – PREVENTION & PUBLIC HEALTH FUND (AFFORDABLE CARE ACT) – CAPACITY BUILDING ASSISTANCE TO STRENGTHEN PUBLIC HEALTH IMMUNIZATION INFRASTRUCTURE & PERFORMANCE FINANCED IN PART BY 2012 PREVENTION & PUBLIC HEALTH FUNDS (Prevention & Public Health Fund Affordable Care Act – Immunization Program)

Program Description: Program activities under this funding support efforts to transition immunization programs supported by Section 317 funding to the healthcare environment being transformed by the Affordable Care Act (ACA). Section 317 grantees manage the public health force that implements and supports immunization practices in the public and private sectors. Additionally, the importance of monitoring the effectiveness and impact of vaccines is critical for maintaining an immunization program that is scientifically and programmatically sound. The specific objectives may include but are not limited to: 1: Enhance interoperability between electronic health records and immunization information systems and reception of Health Level 7 (HL7) standard messages into IIS. 2: Develop and/or implement strategic plans for billing for immunization services in health department clinics to enable programs to increase program revenue, reach additional populations, provide recommended vaccines that are not currently offered, and address under-vaccinated populations.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

FY13 (exp) \$ 265,622	FY14 (approp) \$ 100,000	FY15 (est) \$ 71,606
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Program Supported/Population Served: The Maryland Immunization Information System currently facilitates a variety of methods for data exchanges using national HL7 standards as well as proprietary HP Enterprises based formats in both batch and real-time between provider

organizations and electronic health records/electronic medical records (HER/EMR). DHMH has established a project goal to increase vaccine provider enrollment/usage of the immunization registry by focusing on HER/EMR interfaces and electronic submissions, rather than manual data entry. While the cost of vaccine used for this population is covered by Federal 317 funds, LHDs theoretically bill insurers for the administration fee. Billing insurers allows LHDs to recoup a portion of funds expended on insured clients, freeing up economic, material and human resources that can be directed to providing services for the elimination of racial and ethnic vaccination disparities and outreach to under-vaccinated high-risk adults.

Governor's Strategic Goal: [Reduce Infant Mortality in Maryland by 10% by End 2017;](#)
[Reduce Preventable Hospitalizations by 10% by end of 2015](#)

93.544 THE PATIENT PROTECTION & AFFORDABLE CARE ACT OF 2010 (AFFORDABLE CARE ACT) AUTHORIZES COORDINATED CHRONIC DISEASE PREVENTION & HEALTH PROMOTION PROGRAM

Program Description: Program establishes or strengthens Chronic Disease Prevention Programs within state and Territory Health Departments, to provide leadership and coordination, and support development, implementation and evaluation of Centers for Disease Control and Prevention funded programs, including those addressing nutrition, physical activity and obesity, diabetes, heart disease and stroke, arthritis, cancer prevention and control, and diabetes. These inter-related conditions share risk factors and intervention strategies that benefit from coordinated, collaborative implementation with consolidated leadership and oversight ensuring achievement of outcomes, efficient use of resources, implementation of evidence-based interventions, and dissemination of best practices across programs. The award recipients are expected to establish or strengthen a Chronic Disease Prevention Unit that provides leadership for chronic disease prevention and control, establishes cross cutting policy, communications, epidemiology and evaluation activities with the Chronic Disease Prevention Unit supporting an array of categorical programs, foster collaboration and efficient use of resources across existing or new categorical programs addressing chronic diseases and their associated risk factors, best position programs and resources to achieve population level change in proposed chronic disease health and risk factor outcomes, and identify specific population subgroups that suffer disproportionately from the conditions or risk factors being addressed and narrow the gaps in health status between these population subgroups and the population as a whole.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

FY13 (exp)	FY14 (approp)	FY15 (est)
\$ 399,623	\$ 615,971	\$ 0

Program Supported/Population Served: The Coordinated Chronic Disease Prevention and Health Promotion Program supports internal integration and capacity-building efforts including the Comprehensiveness and Integration Team and the Virtual Data Unit. Funds support the development, implementation, and communication of a Coordinated Chronic Disease State Plan.

Funds are also used to support the Institute for a Healthiest Maryland, a partnership with the University of Maryland in Baltimore. The Institute is responsible for providing public health expertise for the development of policies within organizations that promote wellness, programs that change the built environment, and quality improvement for primary care and clinical preventive services; maintaining an interactive website for robust communication between local, State, and national public health leaders; disseminating evidence-based and best practice recommendations; and coordinating training and technical assistance.

Governor's Strategic Goals: [End Childhood Hunger in Maryland by 2015](#); [Reduce Infant Mortality in Maryland by 10% by End 2017](#); [Reduce Preventable Hospitalizations by 10% by end of 2015](#)

93.576 REFUGEE & ENTRANT ASSISTANCE – DISCRETIONARY GRANTS

Program Description: The objectives of the discretionary grant programs include: (1) decreasing the numbers of refugees on public assistance and the length of time refugees require such assistance; (2) encouraging the placement of refugees in locations with good job opportunities and lower costs of living; (3) providing supplemental services to areas with high numbers of arrivals; (4) promoting older refugees' access to aging services; (5) assisting low-income refugees with matching funds for individual development accounts and with financial literacy classes; (6) providing micro-credit to refugees interested in starting new businesses but unable to access commercial sources of capital; (7) providing services to refugees in rural areas; (8) providing preventive health services; and (9) providing school impact assistance.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

FY13 (exp)	FY14 (approp)	FY15 (est)
\$ 132,054	\$ 95,182	\$ 87,452

Program Supported/Population Served: The Refugee Health Program in the Office of Immigrant Health is responsible for oversight of the refugee health services provided in the State's 24 local jurisdictions. The goal of the program is to provide comprehensive health screenings and connections to additional culturally and linguistically appropriate health services to all newly arrived refugees and asylees within 90 days of arrival in the United States. The Maryland Department of Human Resource's Maryland Office for Refugees and Asylees (MORA) contracts with the program to ensure funding (CFDA 93.566) for refugee health screenings, interpretive services, relevant trainings, and salary support for both DHMH and local health department staff. MORA funding allows for health screenings to be reimbursed on a capitated fee-for-service basis for a comprehensive health assessment. Separate funding from the Federal Office of Refugee Resettlement (CFDA 93.576) provides support for a new pilot program aimed to provide culturally appropriate and accessible mental health services for newly arrived refugees. Maryland continues to be among the top 25 states for refugee resettlement and ranks 4th nationally for asylee resettlement. In State Fiscal Year (SFY) 2013, a total of 2,337 refugees and asylees were designated for resettlement in Maryland. Among refugees,

predominant populations are from Burma and Iraq, at 31% and 20%, respectively, while predominant asylee populations are from sub-Saharan Africa (Ethiopia and Cameroon, 29% and 26%, respectively). Ethiopian refugees also made up a significant proportion of newly arrived refugees in SFY 2013 (9%). The dynamic nature of international political affairs continues to influence the composition of refugee and asylee populations arriving and resettling in Maryland, as well as the rest of the United States.

Governor's Strategic Goal: [Delivering and Maintaining Maryland's Twelve Core Goals for Homeland Security Preparedness by 2016](#)[Deliver/Monitor 12 Homeland Security goals](#); [Reduce Preventable Hospitalizations by 10% by end of 2015](#)

93.624 ACA – STATE INNOVATION MODELS: FUNDING FOR MODEL DESIGN & MODEL TESTING ASSISTANCE (State Innovation Models SIM)

Program Description: The Center for Medicare and Medicaid Innovation (Innovation Center) announces the State Innovation Models (SIM) initiative. The purpose of the SIM initiative is to test whether new payment and service delivery models will produce greater results when implemented in the context of a state-sponsored State Health Care Innovation Plan. These Plans must improve health, improve health care and lower costs for a state's citizens through a sustainable model of multi-payer payment and delivery reform, and must be dedicated to delivering the right care at the right time in the right setting. The Innovation Center has created the SIM initiative for states that are prepared for or committed to planning, designing, testing, and supporting evaluation of new payment and service delivery models in the context of larger health system transformation.

This initiative is based on the premise that Governor-supported multi-payer models that have broad stakeholder input and engagement will achieve sustainable delivery system transformation that significantly improves health system performance. Because of the unique powers of state governments, Governors and their executive agencies working together with and key public and private stakeholders and the Centers for Medicare & Medicaid Services can accelerate community-based health system improvements, with greater sustainability and effect, to produce better results for Medicare, Medicaid, and Children's Health Insurance Program beneficiaries.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

FY13 (exp)
\$ 475,932

FY14 (approp)
\$ 1,108,882

FY15 (est)
\$ 20,000,000

Program Supported/Population Served: The State Health Innovation Plan that will be produced as a result of the SIM funding will aim to improve population health, improve patient experience and reduce costs for all Maryland residents.

93.719 STATE GRANTS TO PROMOTE HEALTH INFORMATION TECHNOLOGY – (ARRA)

Program Description: Promote the electronic movement and use of health information among organizations using nationally recognized interoperability standards. Enable providers to qualify for Medicare and Medicaid financial incentives, authorized by ARRA, by providing health information exchange that meets meaningful use requirements. Improve health care quality and efficiency. A subset of grantees received additional funding to focus on breakthrough innovations for health information exchange that can be leveraged widely to support nationwide health information exchange and interoperability.

Formula Description: This program has no statutory formula. Matching requirements: In federal fiscal year (FFY) 2010 there is no required match. Beginning with FFY 2011, the HITECH Act, Section 3013, requires awardees to make available non-federal contributions (which may include in-kind contributions) toward the costs of a grant awarded in an amount equal to not less than \$1 for each \$10 of federal funds provided under this grant in FFY 2011, not less than \$1 for each \$7 of federal funds provided under this grant in FFY 2012 and not less than \$1 for each \$3 of federal funds provided under this grant for subsequent fiscal years. This program does not have maintenance of effort requirements

FY13 (exp)
\$ 2,282,151

FY14 (award)
\$ 926,760

FY15 (est)
\$ 0

Program Supported/Population Served: The purpose of the State Health Information Exchange Cooperative Agreement (HIE) is to fund Maryland’s efforts to rapidly build capacity for exchanging health information across the health care system both within and across states. The statewide HIE is building on existing efforts to advance regional and State level health information exchange. A statewide HIE will support high quality, safe, and effective health care; make certain that data is exchanged privately and securely; ensure transparency and stakeholder inclusion; support connectivity regionally and nationally; be financial sustainable; and serve as the foundation for transforming health care in Maryland.

Governor’s Strategic Goal: [Reduce Preventable Hospitalizations by 10% by end of 2015](#)

93.723 PREVENTION & WELLNESS-STATES, TERRITORIES & PACIFIC ISLANDS (ARRA)

Program Description: This funding was appropriated under the American Recovery and Reinvestment Act of 2009 (Public Health Service Act, 42 U.S. Code 241(a) and 247b (k) 2). The ARRA funds are intended to reduce Chronic Disease risk factors, prevent and delay chronic disease, promote wellness, and better manage chronic conditions. There will be two program components included in the supplemental award announcement; Nutrition, Physical Activity, and Tobacco Control (component 1) and National Network of Tobacco Quitlines (component 2).

This initiative will address the following areas in component 1:

- Increased levels of physical activity

- Improved nutrition (e.g. increased fruit/vegetable consumption, reduced salt and trans fats);
- decreased smoking prevalence and decreased teen smoking initiation; and
- Decreased exposure to secondhand smoke.

And component 2:

- Expand National Network of Tobacco Quitlines. States, Territories, Pacific Islands and the District of Columbia funded under this announcement will accomplish this by planning and implementing interventions and establishing evidence-based policies to support and institutionalize healthy behaviors related to nutrition, physical activity and tobacco prevention among state/territory residents.

These strategies will ultimately help change social norms and make healthier choices easier and more affordable to residents. Programs will focus on policy and environmental changes that both improve state- and territory-wide policies and support community efforts for chronic disease prevention and control.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

FY13 (exp)	FY14 (approp)	FY15 (est)
\$ 66,245	\$ 0	\$ 0

Program Supported/Population Served: During the funding period, 9,313 Maryland residents participated in free proactive phone counseling to help them quit tobacco. The Center for Tobacco Prevention and Control was able to promote the free services through increased health communications to encourage residents to call the Quitline, including awareness messages about the dangers of tobacco use and secondhand smoke, and messages to help encourage more residents to start thinking about quitting tobacco. Maryland also collaborated with health care providers to make referrals to the Quitline and outreach to populations in greatest need of cessation services and secondhand smoke prevention.

Governor’s Strategic Goals: [Reduce Infant Mortality in Maryland by 10% by End 2017;](#)
[Reduce Preventable Hospitalizations by 10% by end of 2015](#)

93.735 STATE PUBLIC HEALTH APPROACHES FOR ENSURING QUITLINE CAPACITY – FUNDED IN PART BY 2012 PREVENTION & PUBLIC HEALTH FUNDS (PPHF-2012)

Program Description: As part of the overall effort to reduce the burden of chronic diseases and chronic disease risk factors, the Centers for Disease Control and Prevention (CDC), National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health announces the opportunity to apply for funds to ensure and support state quitline capacity, in order to respond to upcoming federal initiatives such as the National Tobacco Education Campaign <http://www.cdc.gov/tobacco> This program addresses the “Healthy People 2020” focus area of tobacco use and the goal of reducing illness, disability, and death related to tobacco use and secondhand smoke exposure. Preventing tobacco use and helping tobacco users quit can

improve the health and quality of life for Americans of all ages. People who stop smoking greatly reduce their risk of disease and premature death. Benefits are greater for people who stop at earlier ages, but quitting tobacco use is beneficial at any age.

This funding opportunity announcement will be a new, 2-year cooperative agreement for all states and territories that currently have a quitline. Funds will be used for the following:

- Address the anticipated increase in calls
- Expand capacity and eligibility to ensure all callers receive some form of assistance
- Increase efficiencies of quitline operations, such as demonstrating how they will connect to or incorporate an interactive voice recording system (IVR) at the state or federal level
- Incorporate technological enhancements to provide additional forms of assistance to callers who want to quit
- Expand paid and earned media to promote the quitline and increase quit attempts
- Develop and/or implement private/public partnerships or other strategies to sustain quitline capacity.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

FY13 (exp)
\$ 330,391

FY14 (approp)
\$ 352,932

FY15 (est)
\$ 0

Program Supported/Population Served: Center for Tobacco Prevention and Control: The Statewide Comprehensive Tobacco Control Program identifies and eliminates tobacco-related disparities through prevention, cessation, and elimination of secondhand smoke exposure. The Center for Tobacco Prevention and Control has successfully managed the Maryland Tobacco Quitline since 2006, which consistently demonstrates a solid reach to minority populations, Medicaid participants and uninsured callers. Due to a rise in call volume that has occurred during the CDC's National Tobacco Education TIPS campaign, the Center for Tobacco Prevention and Control is using the PPHF funds to continue to support Quitline operations and promote the Quitline to targeted populations that have under-utilized services. During the Year 1 budget period (8/01/13 – 7/31/13), the Quitline provided services to 2,020 additional Maryland residents

Governor's Strategic Goal: [Reduce Infant Mortality in Maryland by 10% by End 2017;](#)
[Reduce Preventable Hospitalizations by 10% by end of 2015](#)

93.744 PPHF 2012: BREAST & CERVICAL CANCER SCREENING OPPORTUNITIES FOR STATES, TRIBES & TERRITORIES SOLELY FINANCED BY 2012 PREVENTION & PUBLIC HEALTH FUNDS

Program Description: The purpose of this funding opportunity announcement (FOA) is to enhance and leverage existing organized systems for breast and cervical cancer screening to provide high quality screening with tracking and follow-up including patient navigation to low income, uninsured and under-insured women. This FOA will leverage the existing infrastructure

and organized delivery system of the National Breast and Cervical Cancer Early Detection Program.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

FY13 (exp)	FY14 (approp)	FY15 (est)
\$ 244,843	\$ 0	\$ 0

Program Supported/Population Served: The Breast & Cervical Cancer Screening Opportunities for States, Tribes & Territories Solely Financed by 2012 Prevention & Public Health Funds grant was a one-year grant beginning 9/30/12 and ending 9/29/13. The purpose of this project was to enhance and leverage existing organized systems for breast and cervical cancer screening to provide high quality screening with tracking and follow-up including patient navigation to low income, uninsured and under-insured women. Approximately 500 women were served by the project, which leveraged the existing infrastructure and organized delivery system of the National Breast and Cervical Cancer Early Detection Program.

Governor's Strategic Goal: [Reduce Preventable Hospitalizations by 10% by end of 2015](#)

93.745 PPHF-2012: HEALTH CARE SURVEILLANCE/HEALTH STATISTICS – SURVEILLANCE PROGRAM ANNOUNCEMENT: BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM FINANCED IN PART BY 2012 PREVENTION & PUBLIC HEALTH FUNDS (Behavioral Risk Factor Surveillance System BRFSS)

Program Description: The purpose of this program is to provide assistance to State and Territorial Health Departments to maintain and expand:

- 1) Specific health surveillance using telephone and multi-mode survey methodology for the behaviors of the general population that contribute to the occurrences and prevention of chronic diseases, injuries, and other public health threats;
- 2) The collection, analysis, and dissemination of BRFSS data to State and Territorial Health Department Categorical Programs for their use in assessing trends, directing program planning, evaluating program priorities, developing policy, and targeting relevant population groups.

Specifically, this program will:

- A. Add six questions specifically on health care access and use to the Federal Fiscal Year (FFY) 2013 Behavioral Risk Factor Surveillance System (BRFSS) survey to measure the effect of ACA on the population;
- B. Increase the BRFSS landline sample size to restore the number of completed interviews achieved to FFY 2011 levels. BRFSS programs should develop plans for increasing their sample size of their FFY 2013 surveys which will increase the number of completed interviews achieved which will increase the precision of estimates in small areas and sub-populations;
- C. Increase the proportion of cell phone interviews completed on the FFY 2013 BRFSS survey to maintain coverage and validity – achieving at least a 25% completed interview rate by cell phone mode.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

FY13 (exp)
\$ 94,079

FY14 (approp)
\$ 0

FY15 (est)
\$ 0

Program Supported/Population Served: The Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing telephone surveillance program designed to collect data on the behaviors and conditions that place Marylanders at risk for chronic diseases, injuries, and preventable infectious diseases. These data collected are used to measure the effect of ACA on the Maryland adult population and to increase the sample size and proportion of cell phone interviews in order to get a more representative estimation of disease and risk factor prevalence, as well as health behaviors. Knowing the type and frequency of health issues and risky behaviors enables the public health professionals to devise and implement programs geared toward the prevention of chronic diseases, injury, and disability.

Governor's Strategic Goal: [Reduce Preventable Hospitalizations by 10% by end of 2015](#)

93.767 CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

Program Description: Provide funds to states to enable them to maintain and expand child health assistance to uninsured, low-income children, and at a state's option, low-income pregnant women and legal immigrants, primarily by three methods: (1) obtain health insurance coverage to meet requirements in Section 2103 relating to the amount, duration, and scope of benefits; (2) expand eligibility for children under the state's Medicaid program; or (3) a combination of the two.

Formula Description: Matching Requirements: For the Cycle III project grants, there are no matching requirements.

Section 2105(b), Title XXI, provides for an "enhanced Federal Matching Assistance Percentage (EFMAP)" for child health assistance provided under Title XXI that is equal to the current FMAP for the federal fiscal year (FFY) in the Medicaid Title XIX program, increased by 30 percent of the difference between 100 and the current FMAP for that fiscal year. For federal fiscal years 2013 and prior, the EFMAP may not exceed 85 percent. As a result of the implementation of the Affordable Care Act (ACA), states shall receive a 23 percentage point increase in their respective EFMAPs for federal fiscal years 2016-2019 for most CHIP expenditures; however the EFMAP for a state may not exceed 100 percent. In FFY 2009, the CHIPRA implemented a limitation on matching rates for states that propose to cover children with effective family income that exceeds 300 percent of the poverty line to FMAP rather than EFMAP, unless a waiver or State Plan Amendment or state law was in place to cover this population before the enactment of CHIPRA.

Section 2104(a) of the Social Security Act as amended by section 10203 of the ACA provide

appropriations through September 30, 2015 for the purpose of providing annual allotments to the states to fund their CHIP programs. Only States with approved State Plans by the end of the fiscal year will be included in the final allotment calculation.

In general, in FFY 2010, the states' annual allotments were calculated as the sum of the following four amounts, multiplied by the applicable growth factor for the year.

The FFY 2009 CHIP allotments;

- FFY 2006 unspent allotments redistributed to and spent by shortfall states in FFY 2009;
- spending of funds provided to shortfall states in the first half of FFY 2009; and
- spending of Contingency Fund payments in FFY 2009, although there were no Contingency Fund payments made in FFY 2009.

Note: States may also qualify to receive an increase in their FFY 2010, FFY 2012, or FFY 2014 allotments if they meet the criteria described in section 2104(m)(6) and 2107(m)(7) of the Social Security Act (the Act) as previously amended by section 102 of CHIPRA and further amended by sections 2102(a)(1)(B) 10203 of the ACA.

For FFY 2011, FFY 2013, and FFY 2015 the allotments will be "rebased" on prior year spending. This will be done by multiplying the state's growth factor for the year by the new base, which will be the prior year's federal CHIP spending (including any contingency fund payments or redistribution amounts). For FFY 2012 and FFY 2014, the allotment for a state will be calculated as the previous fiscal year's allotment amount and any previous fiscal year's contingency fund spending, multiplied by the states growth factor for the year. The ACA extended the availability of the Child Enrollment Contingency Fund which may be available for states that meet the criteria provided in section 2104(n) of the Act through FFY 2015.

This program has MOE requirements, see funding agency for further details.

FY13 (exp)
\$ 164,989,039

FY14 (approp)
\$ 175,774,450

FY15 (est)
\$ 182,066,672

Program Supported/Population Served: The Maryland Children's Health Program (MCHP) was implemented in 2001. It currently serves children up to age 19 in families with incomes between 100 and 300 percent of the Federal Poverty Level (FPL); certain age spans fall within certain FPL levels. For those above 200% FPL, families pay a monthly contribution to participate in the program. In State Fiscal Year 2013 statewide enrollment averaged approximately 111,132.

Governor's Strategic Goal: [Reduce Infant Mortality in Maryland by 10% by End 2017;](#)
[Reduce Preventable Hospitalizations by 10% by end of 2015](#)

93.777 STATE SURVEY & CERTIFICATION OF HEALTH CARE PROVIDERS & SUPPLIERS (TITLE XVIII) MEDICARE

Program Description: Provides financial assistance to any state which is able and willing to determine through its state health agency or other appropriate state agency that providers and suppliers of health care services are in compliance with federal regulatory health and safety standards and conditions of participation.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

FY13 (exp)
\$ 5,400,700

FY14 (approp)
\$ 6,101,420

FY15 (est)
\$ 6,204,026

Program Supported/Population Served: Under the State Survey and Certification of Health Care Providers and Suppliers, facilities and services are reviewed on a regular basis for compliance with COMAR Regulations, as well as for compliance with federal regulation of those facilities participating in Medicare and Medicaid.

93.778 MEDICAL ASSISTANCE PROGRAM (Medicaid; Title XIX)

Program Description: Provides financial assistance to states for payments of medical assistance on behalf of cash assistance recipients, children, pregnant women, and the aged who meet income and resource requirements, and other categorically eligible groups. In certain states that elect to provide such coverage, medically needy persons, who, except for income and resources, would be eligible for cash assistance, may be eligible for medical assistance payments under this program. Financial assistance is provided to states to pay for Medicare premiums, co-payments and deductibles of qualified Medicare beneficiaries meeting certain income requirements. More limited financial assistance is available for certain Medicare beneficiaries with higher incomes.

Formula Description: Statutory formula. Matching requirements: Federal funds are available to match state expenditures for medical care. Under the Act, the federal share of medical services may range from 50% to 83%. The statistical factors used for fund allocation are: (1) medical assistance expenditures by state; and (2) per capita income by state based on a 3-year average (source: "Personal Income," Department of Commerce, Bureau of Economic Analysis). Statistical factors for eligibility do not apply to this program. This program has maintenance of effort requirements; see funding agency (DHHS, Centers for Medicare and Medicaid Services) for further details.

FY13 (exp)
\$ 4,057,197,546

FY14 (approp)
\$ 4,616,423,151

FY15 (est)
\$ 5,311,350,292

Program Supported/Population Served: The statewide Maryland Medical Assistance Program provides a broad range of medical services to low-income persons and to those with

catastrophic illness who are unable to pay for care. There are two primary classifications of needy persons: (1) the categorically needy; and (2) the medically needy. The categorically needy classification includes persons who receive Temporary Cash Assistance from the Maryland Department of Human Resources as well as those receiving Supplemental Security Income grants from the Social Security Administration. Categorically needy persons are enrolled automatically under the Medical Assistance Program. Several other populations that do not receive public assistance grants are included in the categorically needy classification. These include children, pregnant women, elderly and disabled Medicare beneficiaries with income above the standard Medicaid limit but below certain percentages of the poverty level. The medically needy are those who cannot meet the cost of needed medical care but who are self-supporting in other respects. Medically needy individuals must apply to the local departments of social services for eligibility determination under established criteria for income and assets in relation to need and size of family. In State Fiscal Year 2013, Maryland Medicaid covered full benefits for an average of 930,483 people.

Governor’s Strategic Goal: [Reduce Infant Mortality in Maryland by 10% by End 2017](#) and [Reduce Overdose Deaths by 20% by end of 2015](#); [Reduce Preventable Hospitalizations by 10% by end of 2015](#)

93.779 CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) RESEARCH, DEMONSTRATIONS & EVALUATIONS

Program Description: The Centers for Medicare & Medicaid Services (CMS) conducts research, demonstrations, and evaluations in support of CMS' key role as a beneficiary-centered purchaser of high-quality health care at a reasonable cost. Grants are awarded in the form of research grants and cooperative agreements; Hispanic health services grants; historically black colleges and university grants. For federal fiscal years 2010 and 2011, CMS research, demonstrations and evaluations will focus on expanding agency efforts to improve the efficiency of payment, delivery, access and quality of our health care programs that serve millions of beneficiaries.

Formula Description: This program has no statutory formula, except in Section 1115 projects, where the statutory formula is the same as that established for the Medicaid Program, both administrative and operational. Awardees are required to share in the cost of projects. Normally, the minimum cost-sharing requirement is 5% of total project costs. This program does not have maintenance of effort requirements.

FY13 (exp)	FY14 (approp)	FY15 (est)
\$ 10,932,597	\$ 14,542,467	\$ 15,365,722

Program Supported/Population Served: This is the Money Follows the Person (MFP) demonstration awarded to Maryland in 2007. The demonstration program runs through State Fiscal Year 2016. Grant funds are expended on MFP specific administrative costs and Medicaid services. Services provided under MFP receive an enhanced federal match (75%); however, the State is required to reinvest 25% of the total service cost, the “savings,” on “rebalancing

initiatives.” Thus the funds for the “rebalancing initiatives” are the State general fund dollars that would have been spent providing the services at the regular match rate.

The MFP statute requires that demonstration participants must reside in a “qualified institution” for at least 6 months prior to transitioning to a “qualified residence” in the community. The demonstration pays for home and community-based services for the first 365 days in the community during which time the State may collect the enhanced federal match.

Governor’s Strategic Goal: [Reduce Preventable Hospitalizations by 10% by end of 2015](#)

93.789 ALTERNATIVES TO PSYCHIATRIC RESIDENTIAL TREATMENT FACILITIES FOR CHILDREN (Demonstration Projects Regarding Home & Community-Based Alternatives to Psychiatric Treatment Facilities for Children)

Program Description: Over the last decade, Psychiatric Residential Treatment Facilities (PRTFs) have become the primary provider for youth with serious emotional disturbances requiring an institutional level of care. However, since they are not recognized as hospitals, nursing facilities or intermediate care facilities for the mentally retarded, many states have been unable to use the 1915(c) waiver authority to provide home and community-based alternatives to care, which would keep the youth in their homes and with their families. Section 6063 of the Deficit Reduction Act of 2005 addresses this issue by providing up to \$218 million to 10 states to develop demonstration programs that provide alternatives to PRTFs. The Centers for Medicare and Medicaid Services (CMS) awarded each successful applicant between \$5 and \$60 million. The PRTF Demonstration is authorized for up to 5 years. CMS will review and approve each state’s Implementation Plan prior to allowing states to access funds for federal reimbursement of services under this grant. Section 6063 also provides \$1 million for a National Demonstration Evaluation.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

FY13 (exp)	FY14 (approp)	FY15 (est)
\$ 6,977,270	\$ 7,595,828	\$ 7,592,385

Program Supported/Population Served: The program will cover children and youth who are either community Medicaid eligible or a family of one up to 300% of SSI income level. Recipients must meet medical criteria in a residential treatment center (RTC) at the time of application. The program has 210 slots all of which are filled. The community-based services offered include respite care, crisis and stabilization services, your and caregiver peer-to-peer support, family and youth training, and experiential and expressive behavioral services. Each recipient also has a care coordinator. The demonstration project also covers services traditionally offered to this population through the State Medical Plan, which includes some somatic health care and specialty mental health services.

Governor’s Strategic Goal: [Reduce Preventable Hospitalizations by 10% by end of 2015](#)

93.791 MONEY FOLLOWS THE PERSON REBALANCING DEMONSTRATION (Money Follows the Person Demonstration)

Program Description: For more than a decade, states have been asking for the tools to modernize their Medicaid programs. With the enactment of the Deficit Reduction Act of 2005, states now have new options to rebalance their long-term support programs to allow their Medicaid programs to be more sustainable while helping individuals achieve independence. The Money Follows the Person (MFP) Rebalancing Demonstration (MFP Demo), created by section 6071 of the Deficit Reduction Act of 2005 (P.L. 109-171), supports state efforts to "rebalance" their long-term support systems by offering \$1.75 billion over 5 years in competitive grants to states. Specifically, the demonstration will support state efforts to: "Rebalance their long-term support system so that individuals have a choice of where they live and receive services." The demonstration provides for enhanced federal medical assistance percentage (FMAP) for 12 months for qualified home and community-based services for each person transitioned from an institution to the community during the demonstration period. Eligibility for transition is dependent upon residence in a qualified institution. The state must continue to provide community-based services after the 12 month period for as long as the person needs community services and is Medicaid eligible. Maryland received its first award through the MFP demonstration on January 1, 2007 and is eligible for annual supplemental awards. Through Calendar Year 2012, Maryland has been awarded a cumulative \$66.8 million in MFP grant funds. The state will transition older adults, adults with physical disabilities, intellectual disabilities, mental illness, and traumatic brain injury. Maryland's MFP demonstration will utilize five (5) existing home and community-based services waivers to provide long-term supports to participants. The Patient Protection and Affordable Care Act (the Affordable Care Act), Pub. L. No. 111-148, signed on 3/23/2010, includes on a national scale an extension of the Money Follows the Person Rebalancing (MFP) Demonstration Program for an additional \$2.5 billion over 5 years, through 2016.

Formula Description: Statutory formulas are not applicable to this program. **Matching Requirements:** A state receiving an award under this solicitation will receive reimbursement for home and community-based services provided under the demonstration on a quarterly basis at the following Federal Medical Assistance Percentage (FMAP) rates: The FMAP rate will be adjusted to reflect the increased FMAP available to states through the American Recovery and Reinvestment Act of 2009 each quarter from October 1, 2008 and extended by passage of Education, Jobs and Medicaid Assistance Act (P.L. 111-226) of 2010 through June 30, 2011 (increased rate). The funding for the increased FMAP will be provided from Money Follows the Person grant demonstration appropriations. The enhanced FMAP provided by the DRA of 2005 (Enhanced Rate up to 50% of the State Match capped at 90%) will be applied to the Recovery Act increased quarterly FMAP. Service Category Match rate for a 12-month demonstration period for "Qualified HCB program" services and HCB Demonstration services are at the Increased and Enhanced Match Rate. Supplemental Demonstration services will be provided at the Increased Rate only for the Recovery Act period. Administrative costs will be reimbursed according to the requirements of CFR 42, 433.15. At the end of the Recovery Act period, the yearly-published FMAP Rate in the Federal Register will be used to determine the Enhanced Rate and the State match requirements for the prior quarters to the Recovery Act period and subsequent quarters until the end of the demonstration. This program has maintenance of effort

(MOE) requirements: see funding agency for further details. Total expenditures under the State Medicaid program for home and community-based long-term care services will not be less for any fiscal year during the MFP demonstration project than for the greater of such expenditures for federal fiscal year 2005 or any succeeding fiscal year before the first of the year of the MFP demonstration project. This program has MOE requirements, see funding agency (DHHS, Centers for Medicare and Medicaid Services) for further details.

FY13 (exp) \$ 859,756	FY14 (approp) \$ 960,795	FY15 (est) \$ 1,072,820
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Program Supported/Population Served: Maryland’s MFP demonstration is providing additional supports for Medicaid eligible individuals who reside in nursing facilities, ICFs/MR, IMD, and chronic hospitals to transition to slots on existing 1915(c) waivers. As of February 2014, approximately 1,900 individuals have participated in the demonstration. The program anticipates serving a total of 2,995 individuals by September 30, 2016.

Governor’s Strategic Goal: [Reduce Preventable Hospitalizations by 10% by end of 2015](#)

93.888 SPECIALLY SELECTED HEALTH PROJECTS

Program Description: Carry out programs that have been selected by the U.S. Congress as being needed for improved health care.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

FY13 (exp) \$ 184,131	FY14 (approp) \$ 0	FY15 (est) \$ 0
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Program Supported/Population Served: Prince Georges County Hospital Special Congressional Initiative, to enhance emergency preparedness in Prince Georges County.

Governor’s Strategic Goal: [Delivering and Maintaining Maryland’s Twelve Core Goals for Homeland Security Preparedness by 2016](#)

93.889 NATIONAL BIOTERRORISM HOSPITAL PREPAREDNESS PROGRAM (HPP)

Program Description: Ready hospitals and other health care systems, in collaboration with other partners, to deliver coordinated and effective care to victims of terrorism and other public health emergencies.

Formula Description: Statutory formula: Section 319-C of the Public Health Service Act, as amended by the Pandemic and All-Hazards Preparedness Act of 2006, Public Law 109-417.

Matching requirements is 10%. This program has maintenance of effort requirements, see funding agency (DHHS, Office of the Secretary) for further details.

FY13 (exp)
\$ 6,356,965

FY14 (approp)
\$ 6,080,352

FY15 (est)
\$ 5,692,162

Program Supported/Population Served: Provide direct and supplemental funding to Maryland acute care facilities and other health systems to advance emergency preparedness. The HPP goal is to ensure awardees use these funds to maintain, refine, and to the extent achievable, enhance capacities and capabilities of their healthcare systems, and for exercising and improving preparedness plans for all-hazards including pandemic influenza. For the purposes of the HPP, healthcare systems (e.g., sub-awardees) are composed of hospitals and other healthcare facilities which are defined broadly as any combination of the following: outpatient facilities and center (e.g., behavioral health, substance abuse, urgent care), inpatient facilities and centers (e.g., trauma, State and federal veterans, long-term, children's, Tribal), and other entities (e.g., poison control, emergency medical services, community health centers, nursing, et cetera).

Governor's Strategic Goal: [Delivering and Maintaining Maryland's Twelve Core Goals for Homeland Security Preparedness by 2016](#) [Deliver/Monitor 12 Homeland Security goals](#)

93.913 GRANTS TO STATES FOR OPERATION OF OFFICES OF RURAL HEALTH

Program Description: The purpose of the State Offices of Rural Health (SORH) grant program is to assist states in strengthening rural health care delivery systems by maintaining a focal point for rural health within each state. The program provides funding for an institutional framework that links small rural communities with state and Federal resources to help develop long-term solutions to rural health problems.

Cooperative Agreement: The purpose of the State Rural Health Coordination and Development Cooperative Agreement (SRHCD-CA) is to enhance the rural health infrastructure in each State by providing guidance and technical assistance to SORHs as well as their partners and to identify and promote best practices. The goals of the SRHCD-CA are 1) to assist in the coordination of health care delivery through the development of State level rural health leadership; and 2) to facilitate partnerships and collaboration at the national and State levels to improve the exchange of information and engage in collaborative activities for supporting rural health.

Formula Description: Program has no statutory formula. States must match not less than \$3 for each \$1 of Federal funds provided in the grant. This program does not have maintenance of effort requirements.

FY13 (exp)
\$ 107,663

FY14 (approp)
\$ 167,266

FY15 (est)
\$ 170,054

Program Supported/Population Served: Maryland's State Office of Rural Health serves the State and federally designated rural populations. Maryland uses two definitions to classify its

jurisdictions: the State definition in the Annotated Code of Maryland and the federal Office of Rural Health Policy definition. Those jurisdictions that are mandated by Maryland's Annotated Code to have representatives on the Rural Maryland Council are considered rural in the State. These include 18 of the 24 jurisdictions in Maryland, and are referred to in Maryland as state-designated rural jurisdictions. Federal definition of rural includes 5 whole jurisdictions and 6 partial jurisdictions. Whole county designations include Caroline, Dorchester, Garrett, Kent and Talbot. Partial designation include; Baltimore County, Frederick, Queen Anne's, Somerset, Washington and Worcester counties.

Governor's Grants Goal: [Reduce Preventable Hospitalizations by 10% by end of 2015](#)

93.917 HIV CARE FORMULA GRANTS

Program Description: Enable states and territories to improve quality, availability, and organization of a comprehensive continuum of HIV/AIDS health care and support services for individuals and families with Human Immunodeficiency Virus (HIV) disease.

Formula Description: Statutory Formula: Part B formula/base, ADAP and Emerging Communities awards are based on the number of reported living cases of HIV/AIDS cases in the state or territory in the most recent calendar year as confirmed by the Centers for Disease Control and Prevention submitted to the Health Resources Administration (HRSA). Similarly, for grantees applying for MAI formula funds, awards are based on the number of reported and confirmed living minority cases of HIV/AIDS for the most recent calendar year submitted to HRSA. Supplemental ADAP grants are awarded to states demonstrating severe need for medications.

In federal fiscal year 2014, formula awards will be based only on name-based data. Name-based reporting is defined as the number of living names-based cases of HIV/AIDS reported to CDC as of December 31 of the most recent calendar year for which data is available.

Matching Requirements: Varies.

Program has maintenance of effort requirements; see funding agency (Department of Health and Human Services, Health Resources and Services Administration) for further details.

FY13 (exp)
\$ 39,358,619

FY14 (approp)
\$ 38,848,820

FY15 (est)
\$ 35,162,263

Program Supported/Population Served: The Prevention and Health Promotion Administration uses direct service funds to support HIV health and support services throughout the State. Funded through Ryan White Part B, the Maryland AIDS Drug Assistance Program (MADAP) provides reimbursement of pharmaceuticals for income-eligible individuals and insurance continuation of private insurance for income-eligible individuals. An estimated 6,667 individuals were served by the MADAP project in calendar year 2012. In calendar year 2012 there were 3,313 clients enrolled in the MADAP-Plus Insurance program. An estimated 6,689

visits were made for medical services, estimated 4,750 clients obtained case management and estimated 3,943 dental visits were made with Part B direct service funds in federal fiscal year 2013.

Governor's Strategic Goal: [Reduce Preventable Hospitalizations by 10% by end of 2015](#)

93.940 HIV PREVENTION ACTIVITIES – HEALTH DEPARTMENT BASED (HIV Prevention Program)

Program Description: Assists states and political subdivisions of states in meeting the cost of establishing and maintaining Human Immunodeficiency Virus (HIV) prevention programs.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

FY13 (exp)
\$ 8,797,667

FY14 (approp)
\$ 7,648,683

FY15 (est)
\$ 6,949,567

Program Supported/Population Served: The Prevention Programs/Prevention Cooperative Agreement project supports HIV Prevention activities that are federally funded by the Centers for Disease Control and Prevention. Funds are also used to develop and monitor HIV prevention and risk reduction programs that help high-risk individuals and communities initiate and sustain behavior change. HIV Prevention programs are designed and implemented in conjunction with local health departments. Examples of programs include: (1) HIV testing and HIV/STI Partner Services to allow individuals to learn their HIV status and if positive, to be linked to care, (2) Individual, Group and Community-level Health Education and Risk Reduction (HERR) Projects which reduce the risk of acquiring or transmitting HIV; (3) capacity building with local health departments and community-based service providers to enhance delivery of HIV prevention services; and (4) the condom distribution program

This project's purpose also is to measure the levels of behaviors that lead to HIV infection in populations of special interest. The HIV behavioral risk data are important for designing, targeting, and evaluating HIV prevention programs. This project has a significant contractual arrangement with Johns Hopkins University.

The Retrovirus Laboratory Services – Prevention program provides laboratory support to the Prevention and Health Promotion Administration for seroprevalence surveys to determine the incidence of HIV infection and for diagnosis of the AIDS virus infection. The laboratory monitors the emergence of new strains of HIV, which may be undetectable by screening tests used to screen the blood supply.

Governor's Strategic Goal: [Reduce Preventable Hospitalizations by 10% by end of 2015](#)

93.944 HUMAN IMMUNODEFICIENCY VIRUS (HIV) / ACQUIRED IMMUNODEFICIENCY VIRUS SYNDROME (AIDS) SURVEILLANCE (HIV/AIDS Surveillance)

Program Description: Continue and strengthen effective human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) surveillance programs and to affect, maintain, measure, and evaluate the extent of HIV/AIDS incidence and prevalence throughout the United States and its territories, providing information for targeting and implementing HIV prevention activities.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

FY13 (exp)
\$ 1,097,553

FY14 (approp)
\$ 1,750,801

FY15 (est)
\$ 1,835,652

Program Supported/Population Served: The National Surveillance System Cooperative Agreement provides funds for performing HIV and AIDS case surveillance with special projects for molecular HIV surveillance, enhanced perinatal surveillance, and geo-coding and data linkage of HIV cases. This project has contractual arrangements with the Baltimore City Health Department and the Johns Hopkins University.

93.945 ASSISTANCE PROGRAMS FOR CHRONIC DISEASE PREVENTION & CONTROL (State Cardiovascular Health Programs CVH; & Racial and Ethnic Approaches to Community Health REACH; State Public Health Approaches to Improving Arthritis Outcomes, State Nutrition, Physical Activity & Obesity Programs State Public Health Actions to Prevent & Control Diabetes, Heart Disease Obesity & Associated Risk Factors & Promote School Health Using Traditional Foods & Sustainable Ecological Approaches for Health Promotion & Diabetes Prevention in American Indian/Alaska Native Communities)

Program Description: Work with State health agencies and other public and private nonprofit organizations in planning, developing, integrating, coordinating, or evaluating programs to prevent and control chronic diseases; assist in monitoring the major behavioral risks associated with the 10 leading causes of premature death and disability in the United States including cardiovascular diseases; and, establish new chronic disease prevention programs like Racial and Ethnic Approaches to Community Health, State Nutrition, Physical Activity and Obesity Programs.

DP08-819/DP13-1317: Purpose of the program is to 1) support community use of traditional foods and sustainable ecological approaches for diabetes prevention and health promotion in American Indian and Alaska Native communities; and 2) engage communities in identifying and sharing the stories of healthy traditional ways of eating, being active, and communicating health information and support for diabetes prevention and wellness.

CDC-RFA-DP13-1305, State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health, supports statewide implementation of cross-cutting approaches to promote health and prevent and control chronic diseases and their risk factors. Four chronic disease prevention programs (Diabetes; Heart Disease and Stroke Prevention; Nutrition, Physical Activity, and Obesity; and School Health) are included in this funding opportunity announcement (FOA). State Health Departments are funded under this FOA to address the following goals:

Short/Intermediate Term Goals:

- Improve state, community, worksite, school, and early childhood environments to promote and reinforce healthful behaviors across the lifespan related to diabetes, cardiovascular health, physical activity, healthful foods and beverages, obesity, and breastfeeding;
- Improve effective delivery and use of quality clinical and other preventive services aimed at preventing and managing diabetes and hypertension; and
- Increase community-clinical linkages to support prevention, self-management, and control of diabetes, hypertension, and obesity.

Long Term Goals:

- Improved prevention and control of hypertension;
- Improved prevention and control of diabetes; and
- Improved prevention and control of overweight and obesity

The FOA has two components: 1) A basic non-competitive component to support health promotion, epidemiology, and surveillance activities and targeted strategies that will result in measurable impacts to address school health, nutrition and physical activity risk factors, obesity, diabetes, and heart disease and stroke prevention in all 50 states and the District of Columbia. These efforts will be supported by core public health activities such as partnership engagement, workforce development, guidance and support for programmatic efforts, strategic communication, surveillance and epidemiology, and evaluation; and 2) A competitive enhanced component to build on and extend the activities supported with basic funding to achieve even greater reach and impact. Thirty-two states were funded under the enhanced Component to implement evidence and practice-based interventions to improve physical activity and nutrition, reduce obesity, and prevent and control diabetes, heart disease, and stroke with a focus on high blood pressure. The enhanced component includes implementation of evidence-based strategies that are more extensive and wider-reaching than those implemented in the basic component. States funded for this enhanced component must implement interventions at scale in order to reach large segments of the population in the state (e.g., through school districts, early care and education, worksites, and state and local governmental agencies) and in partnership with organizations that may or may not have worked with state departments of health in the past (e.g., large employers, public housing, the education sector, health insurers, and large health systems).

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

FY13 (exp)
\$ 0

FY14 (approp)
\$ 0

FY15 (est)
\$ 1,786,573

Program Supported/Population Served: The Prevention and Health Promotion Administration's Center for Chronic Disease Prevention and Control leads this grant to implement cross-cutting approaches to promote health and prevent and control chronic diseases and their risk factors. The grant is a combination of four CDC chronic disease programs- Diabetes Prevention and Control; Heart Disease and Stroke Prevention; Nutrition, Physical Activity, Obesity; and School Health. Collectively, these programs represent activities and intervention strategies that draw from each of the four chronic disease domains: 1.) *epidemiology and surveillance*; 2.) *environmental approaches that promote health and support and reinforce healthful behaviors*; 3.) *health system interventions* to improve the effective delivery and use of clinical and other preventive services; and 4.) *clinical-community linkages* to support cardiovascular disease and diabetes and control efforts and management of chronic disease.

Governor's Strategic Goals: [Reduce Preventable Hospitalizations by 10% by the End of 2015](#)

93.946 COOPERATIVE AGREEMENTS TO SUPPORT STATE-BASED SAFE MOTHERHOOD & INFANT HEALTH INITIATIVE PROGRAMS (Infant Health & pre-term delivery initiative; PRAMS, MCHEP; ART; Maternal Health Research; Teen Pregnancy Prevention)

Program Description: Work with official public health agencies of states to: (1) establish and maintain state-specific, population-based surveillance of selected maternal behaviors occurring during pregnancy and the child's early infancy; and (2) generate state-specific data for planning and assessing perinatal health programs. Additionally, work with official public health agencies of states and localities to develop a multidisciplinary team of individuals dedicated to building the recipient's analytic capacity to use epidemiologic and surveillance data to address the health problems affecting women, infants and children. Prevention research activities related to women's health related to pregnancy, in vitro fertilization, pre-term delivery, and other reproductive health complications.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

FY13 (exp)
\$ 116,577

FY14 (approp)
\$ 143,711

FY15 (est)
\$ 108,902

Program Supported/Population Served: The Pregnancy Risk Assessment Monitoring System (PRAMS) is a State health department surveillance system established by the CDC in 1987 to collect State specific data from new mothers to document maternal experiences before, during and after pregnancy that may contribute to poor birth and pregnancy outcomes. The goal is to use PRAMS data in the Maternal and Child Health program planning and evaluation to reduce infant mortality and other adverse outcomes. Maryland joined PRAMS in calendar year 2000 and continues to survey 150-220 new mothers each month. These mothers are sent a survey, which is available in both English and Spanish, and they are asked to provide answers to

questions about their behaviors and experiences before, during and shortly after pregnancy. This information is published in various reports and is used to improve the health of Maryland mothers and babies statewide.

Governor's Strategic Goals: [Reduce Violent Crimes Committed Against Women and Children by 25% by the End of 2018](#); [Reduce Infant Mortality in Maryland by 10% by End 2017](#); [Reduce Preventable Hospitalizations by 10% by end of 2015](#)

93.958 BLOCK GRANTS FOR COMMUNITY MENTAL HEALTH SERVICES (Mental Health Block Grant)

Program Description: Provides financial assistance to states and territories to carry out the state's plan for providing comprehensive community mental health services to adults with a serious mental illness and to children with a serious emotional disturbance; monitor the progress of implementing a comprehensive community based mental health system; provide technical assistance to states and the Mental Health Planning Council that will assist states in planning and implementing a comprehensive community based mental health system.

Formula Description: Statutory formula: Title PHS Act, Title XIX, Part B, Subpart I and III, Public Law 106-310. This program has no matching requirements. This program has maintenance of effort requirements; see funding agency (Department of Health and Human Services, Substance Abuse and Mental Health Services Administration) for further details. Under Section 1915(b) of the Public Health Service Act, states are required to maintain aggregate state expenditures for authorized activities at a level that is not less than the average level of such expenditures maintained by the state for the 2-year period preceding the fiscal year for which the state is applying for the grant.

FY13 (exp)
\$ 7,249,343

FY14 (approp)
\$ 7,936,309

FY15 (est)
\$ 8,190,742

Program Supported/Population Served: The Community Mental Health Services Block Grant project supports services to all age groups for people who are not institutionalized but are considered seriously mentally ill. Services include mental health outreach, enhancement of psychiatric care, availability and supervision programs, crisis management, services to youth in juvenile justice centers, education and training, shelter services (not residential hospitals), employment and vocational support and counseling, and services to children and adolescents (such as intervention and crisis support and supervision). This program is statewide.

Governor's Strategic Goal: [Reduce Preventable Hospitalizations by 10% by end of 2015](#)

93.959 BLOCK GRANTS FOR PREVENTION & TREATMENT OF SUBSTANCE ABUSE (Substance Abuse Block Grant)

Program Description: Provides financial assistance to states and territories to support projects for the development and implementation of prevention, treatment, and rehabilitation activities directed to the diseases of alcohol and drug abuse.

Formula Description: Statutory formula: Title XIX, Part B, Subpart II and III, Public Law 106-310. This program has no matching requirements. This program has maintenance of effort requirements; see funding agency (Department of Health and Human Services, Substance Abuse and Mental Health Services Administration) for further details. Under 42 USC 300x-30, states' expenditure for authorized activities at a level that is not less than the average level of such expenditures maintained by the state for the 2-year period preceding the fiscal year for which the state is applying for the grant.

FY13 (exp)
\$ 33,866,408

FY14 (approp)
\$ 30,800,972

FY15 (est)
\$ 26,806,201

Program Supported/Population Served: The Substance Abuse Prevention and Treatment Block Grant provides federal funds supporting grants and human service contracts for substance abuse disorder prevention, intervention, treatment and recovery support services throughout the State.

Governor's Strategic Goal: [Reduce Overdose Deaths by 20% by End of 2015](#); [Reduce Preventable Hospitalizations by 10% by end of 2015](#)

93.977 PREVENTIVE HEALTH SERVICES – SEXUALLY TRANSMITTED DISEASES CONTROL GRANTS

Program Description: Reduce morbidity and mortality by preventing cases and complications of sexually transmitted diseases (STD). Project grants under Section 318c awarded to state and local health departments emphasize the development and implementation of nationally uniform prevention and control programs which focus on disease intervention activities designed to reduce the incidence of these diseases, with applied research, demonstration, and public and professional education activities supporting these basic program activities authorized under Section 318b of the Public Health Service Act. Specifically, Maryland's Center for Sexually Transmitted Infection Prevention program's supported activities promote: 1) Increased community screening and treatment per CDC guidance; 2) Improved services for STD clients and their partners including linkages to care; 3) Reduced re-infection; and 4) Increased community and provider knowledge of STD-related treatment, prevention, epidemiology and effective polices. The long-term goals are to 1) Reduce the incidence of CT, GC, and syphilis and their respective sequelae; 2) Improve the integration of STD services into clinical care across the healthcare system; 3) Increase access to STD services for those populations most at-risk; and 4) Reduce the threats of antibiotic-resistant GC, other emerging STDs, and congenital syphilis.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

FY13 (exp)
\$ 1,282,813

FY14 (approp)
\$ 1,268,035

FY15 (est)
\$ 1,114,641

Program Supported/Population Served: Maryland's Center for Sexually Transmitted Infection Prevention program provides surveillance, case management oversight, technical consultation, and special population services for statewide STI prevention. Support to local health departments includes data analysis, case referral and monitoring, regional meetings, an annual update meeting, training and cross-agency coordination. The STI program also targets higher risk populations through corrections-based screening and collaboration with community-based organizations. Surveillance data, technical consultation and training regarding screening and treatment are provided for both public and private sector providers. Awards to local health departments support local staff for partner services to notify contacts of identified cases of syphilis and gonorrhea. Funds also provide support for lab tests analysis by the DHMH Laboratories Administration.

Governor's Strategic Goal: [Reduce Preventable Hospitalizations by 10% by end of 2015](#)

93.991 PREVENTIVE HEALTH & HEALTH SERVICES BLOCK GRANT (PHHS Block Grants)

Program Description: Provides states resources to improve the health status of the population of each grantee by: (a) conducting activities leading to the accomplishment of the most current Healthy People objectives for the nation; (b) rapidly responding to emerging health threats; (c) providing emergency medical services excluding most equipment purchases; (d) providing services for sex offense victims including prevention programs; and (e) coordinating related administration, education, monitoring and evaluation activities.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

FY13 (exp)
\$ 581,847

FY14 (approp)
\$ 1,296,287

FY15 (est)
\$ 2,461,409

Program Supported/Population Served: The Preventive Health and Health Services (PHHS) Block Grant provides funding for health problems in Maryland that include chronic diseases, oral health, and unintentional injury deaths.

The Chronic Disease program is designed to provide support for the implementation of evidence-based programs related to prevention of chronic conditions, in association with Maryland's Million Hearts initiative. These activities occur in collaboration with local health departments and community based organizations. Programmatic efforts focus on making policy and systems and environmental change, which impact the entire population, rather than individual behavioral changes.

The Evidence Collection program of the Center for Injury and Sexual Assault Prevention pays physicians, hospitals and laboratories for evidence collection in cases of alleged rape, sexual offense and child sexual abuse. In State Fiscal Year 2013 the Sexual Assault Reimbursement Unit provided reimbursement for 3,416 claims for rape, sexual assault, and child sexual abuse. In Maryland, 1,236 actual forcible rapes were reported to the police in calendar year 2012, representing a 3% increase over 2011. Rape accounted for 4% of the violent crime, and 1% of the crime index. In 2012, there were 21 rapes per 100,000 persons.

Governor's Strategic Goals: [Reduce Violent Crime in Maryland 20% by the End of 2018;](#)
[Reduce Violent Crimes Committed Against Women and Children by 25% by the end of 2018;](#)
[Reduce Infant Mortality in Maryland by 10% by End 2017;](#) [Reduce Preventable Hospitalizations by 10% by end of 2015](#)

93.994 MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT TO THE STATES (MCH Block Grants)

Program Description: Enable states to maintain and strengthen their leadership in planning, promoting, coordinating and evaluating health care for pregnant women, mothers, infants, and children, children with special health care needs and families in providing health services for maternal and child health populations who do not have access to adequate health care.

Formula Description: Statutory formula, Title V Section 502(c), Public Law Social Security Act, subject to 45 CFR Part 96. Matching requirements are 75%. This program has maintenance of effort requirements; see funding agency (Department of Health and Human Services, Health Resources and Services Administration) for further details.

FY13 (exp)
\$ 11,374,491

FY14 (approp)
\$ 11,826,550

FY15 (est)
\$ 10,858,387

Program Supported/Population Served: The Maternal and Child Health Services Block Grant project is administered jointly by the DHMH Center for Maternal and Child Health and the DHMH Office of Genetics and Children with Special Health Care Needs. Funds are intended to promote the health of women, children, and adolescents, including children with special care needs. Federal funds must be allocated as follows: 1) at least 30% for preventive and primary care for children; 2) at least 30% for children with special needs; and, 3) no more than 10% for administrative costs. This program is statewide.

Governor's Strategic Goals: [Improve Student Achievement and School, College, and Career Readiness in Maryland by 25% by the End of 2015;](#) [Reduce Infant Mortality in Maryland by 10% by End 2017;](#) [Reduce Preventable Hospitalizations by 10% by end of 2015](#)

97.091 HOMELAND SECURITY BIOWATCH PROGRAM

Program Description: The BioWatch Program is a federally managed, locally operated early warning system designed to detect the intentional release of select aerosolized biological agents. The BioWatch Program's mission is to deploy, sustain, and maintain a national 24x7x365 operational ability to detect, and respond to a bioterrorist event in metropolitan areas across the country. The DHS Office of Health Affairs administers the BioWatch program and is currently engaged in advanced development, test, evaluation and operations to improve sampling technologies, collection procedures, sample analysis, and develop and implement a next generation BioWatch system.

Formula Description: This program has no statutory formula, and no matching or maintenance of effort requirements.

FY13 (exp)	FY14 (approp)	FY15 (est)
\$ 99,726	\$ 0	\$ 0

Program Supported/Population Served: The BioWatch program is a critical part of an ongoing national effort to build and sustain preparedness which helps the United States maintain momentum through targeted jurisdictional planning that highlights preventative actions necessary to allow for proper and timely response and begin the process to recover from a biological agent release.

Governor's Strategic Goals: [Delivering and Maintaining Maryland's Twelve Core Goals for Homeland Security Preparedness by 2016](#)

BA.M00 HEALTH STATISTICS CONTRACTS

Program Description: Contracts with the National Center for Health Statistics, Centers for Disease Control and Prevention for the provision of coded vital statistics data in machine-readable format. Data is used by the National Center to prepare national vital statistics. Vital statistics data are also provided to the Social Security Administration and other federal agencies, for public health and administrative purposes.

FY13 (exp)	FY14 (approp)	FY15 (est)
\$ 738,232	\$ 637,243	\$ 660,769

Program Supported/Population Served: The Vital Statistics program maintains a system for registering, indexing, filing, and protecting the integrity of all records of birth, death, fetal death, marriage and divorce, adoption, legitimation and adjudication of paternity for events occurring in Baltimore City and the 23 counties of Maryland. Federal funds are earned through the provision of a variety of contracts and services.

BE.M00 U.S. FOOD & DRUG ADMINISTRATION FOOD PLANT INSPECTION

Program Description: Ensures state compliance with requirements of the U.S. Food and Drug Administration regarding health, safety, and record keeping. Without these assurances, State industries cannot market commodities in interstate or international arenas.

FY13 (exp) \$ 205,164	FY14 (approp) \$ 218,712	FY15 (est) \$ 232,778
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Program Supported/Population Served: Contracts with the U.S. Food and Drug Administration (FDA) requiring the State to: (1) conduct inspections in selected food establishments to determine compliance with the Federal Food, Drug and Cosmetic Act, State law, or both; (2) collect factor and official follow-up samples as dictated by inspection observations; (3) analyze any samples collected using the Association of Official Analytical Chemists or FDA methodology; and (4) furnish the federal government with reports of the inspections and sample examinations as well as reports on any compliance follow-up and corrections achieved by actions the State takes under its own program. Projects are statewide.

Governor's Strategic Goal: [Reduce Preventable Hospitalizations by 10% by end of 2015](#)

BF.M00 TUBERCULOSIS CONSORTIUM CONTRACT

Program Description: Multi-year contract between the Department of Health and Mental Hygiene and the Centers for Disease Control and Prevention to conduct tuberculosis control and prevention studies. Requires participation in a national consortium comprised of a select group of state tuberculosis programs and academic centers. Multiple projects are conducted under the terms of the contract.

FY13 (exp) \$ 240,589	FY14 (approp) \$ 407,249	FY15 (est) \$ 414,282
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Program Supported/Population Served: The Tuberculosis Epidemiological Studies Consortium funds all projects under this contract to: (a) operate as an active member of the Consortium; and (b) perform scientific studies for the prevention and control of active TB disease; and c) evaluate new approaches for screening and treating high risk individuals for latent TB infection. All monies appropriated are invoices and received when the work/task is completed.

BR.M00 INDIRECT COST RECOVERIES

Program Description: Supports operating costs associated with the Office of the Deputy Secretary for Operations, as appropriated in the budget.

FY13 (exp)
\$ 10,596,200

FY14 (approp)
\$ 11,516,109

FY15 (est)
\$ 11,815,492

BW.M00 DRUG ABUSE DATA COLLECTION

Program Description: Under contract with Substance Abuse and Mental Health Services Administration (SAMHSA), Synectics for Management Decisions, Inc. distributes funds to support their Drug Abuse Services Information System related activities. SAMHSA collects data for: (1) the number and variety of public and private non-profit substance abuse treatment programs, including the number and type of patient slots available; (2) the number of individuals seeking treatment, the number and demographic characteristics of individuals completing such programs, and the length of time between an individuals request for treatment and commencement of treatment; (3) the number of individuals who return for treatment after completion of prior treatment, and the method of treatment utilized during prior treatment; (4) the number of individuals receiving public assistance in such programs; (5) costs of different types of treatment modalities for drug and alcohol abuse and the aggregate relative costs of each treatment modality provided within a state in each fiscal year; (6) the number of individuals receiving drug and alcohol abuse treatment who have private insurance coverage for the costs of such treatment; and (7) the number of alcohol and other drug abuse counselors and other substance treatment personnel employed in public and private facilities.

FY13 (exp)
\$ 72,450

FY14 (approp)
\$ 73,070

FY15 (est)
\$ 73,070

Program Supported/Population Served: The SAMSHA Data Collection/DASIS State Agreement project meets a federal requirement to collect data on publicly funded substance abuse treatment programs and individuals seeking treatment through such programs. DASIS consists of 3 related data sets maintained and supported through an agreement between SAMSHA's contractor (Synectics) and the DHMH Alcohol and Drug Abuse Administration.

Governor's Strategic Goal: [Reduce Overdose Deaths by 20% by End of 2015](#)

BX.M00 TOBACCO RETAIL INSPECTION ENFORCEMENT SERVICES

Program Description: The Food and Drug Administration (FDA) has awarded the Alcohol and Drug Abuse Administration (ADAA) federal funds to assist the FDA in the regulation of tobacco products, so as to reduce tobacco use by youth and to protect public health. The ADAA's Tobacco Retail Inspections and Enforcement Services contract will build, expand, and strengthen Maryland's existing Synar initiative functions to accomplish the regulatory and enforcement efforts necessary to bring the State of Maryland in compliance with the Family Smoking Prevention and Tobacco Act (Tobacco Control Act) of 2009.

FY13 (exp)
\$ 370,589

FY14 (approp)
\$ 495,016

FY15 (est)
\$ 641,798

Program Supported/Population Served: The ADAA will conduct inspections in retail establishments selling cigarettes and/or smokeless tobacco products to enforce FDA restrictions on under-age tobacco purchases, modified tobacco products, advertising, marketing and promotion of cigarettes and smokeless tobacco products. The ADAA will collect, document and preserve evidence of inspections. The ADAA will assist FDA in enforcement or judicial actions when necessary through testimony and furnishing collected evidence. The ADAA's goal is to strengthen Maryland's statewide comprehensive youth tobacco program, provide consistent statewide tobacco enforcement and promote healthy communities in Maryland.

Governor's Strategic Goal: [Substance Abuse Services; Reduce Overdose Deaths by 20% by End of 2015; Reduce Preventable Hospitalizations by 10% by end of 2015](#)

-end DHMH report-